

## PERSONAL INFORMATION

(Kindly fill in all sections)

Full name:
Date of Birth:
Nationality:
Home Address:
School:
Name of Parent/Guardian:  Mobile Number:
Mobile Number:
Emergency contact name and number (if different from above):
Email (Kindly print on <u>CAPITAL</u> letters):
MEDICAL INFORMATION
(Kindly inform us of any injuries or medical condition that could affect performance)
Do you experience any of the following? (Kindly answer Yes or No)
Dizziness or Fainting
Unusual shortness of breath
Cramping pains in legs
Epilepsy
Asthma
Muscle pain or any other injury
If you answered 'Yes' above, kindly provide us with additional information:



# WE APPRECIATE YOUR FEEDBACK

How did you hear about us?			
Training Schedule (Kindly tick the appropriate box(es) under the appropriate category)			
Regular Category (5-11yrs)	Advanced Category (12-14yrs)		
1 session per week <b>Tue</b> Thurs  Sat  Sat	2 - 3 sessions per week <b>Mon</b> $\square$ <b>Wed</b> $\square$ <b>Fri</b> $\square$		
2 - 3 sessions per week <b>Tue</b> □ <b>Thurs</b> □ <b>Sat</b> □	1 sessions per week Mon □ Wed □ Fri □		
SPORTS	Evening Sessions  2 - 3 sessions per week Mon   Wed   Fri		
I have read and agree to the Terms and Condition  Terms and conditions)	* * / *		
Signature:	<b>Date:</b>		

Office Use Only Receipt Number:		
Training Fees	Payment received	
Cho 2 100		
, , , , , , , , , , , , , , , , , , ,		
GHC 1,300		
Ghc 1,500		
Ghc 1,100		
Ghc 1,800		
Ghc 1,600		
Ghc 1,400		
Ghc 1,100		
C) 1.050		
Ghc 1,300		
	Training Fees  Ghc 2,100 Ghc 1,300  Ghc 1,500 Ghc 1,100  Ghc 1,600  Ghc 1,600	

#### **Terms & Conditions**

#### 1. Declaration

- I verify that the birth date provided herein is true & correct. I verify that I will not hold Lizzy Sports Complex. (LSC), MD Investment Ltd, Marcel Desailly Foundation or representatives or officials of these organizations, responsible for any injury or accident which may occur while training, traveling to, participating in, or returning from any game or event.
- I. I acknowledge, agree, & represent that I understand the nature of football activities & that I am in good health, & in proper physical condition to participate in such activity. I further agree & warrant that if at any time I believe conditions to be unsafe, or not feeling well I will immediately discontinue further participation in the Activity.
- II. I fully understand that: (a) football activities involve risks & dangers of serious bodily injury, injury, including permanent disability, paralysis, & death ("risks"); (b) these Risks & dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, or the condition in which the Activity takes place, (c) there may be other risks & social & economic losses either not known to me or not readily foreseeable at this time; & I fully accept & assume all such risk & all responsibilities for losses, costs & damages incur as a result of my participation or that of the minor/ward in the Activity.
- III. I fully understand that my child/ward shall be registered with Lizzy Sports Club

### 2. Membership

- Lizzy Sports Club reserves the right to reject any application or withdraw any membership in the event of failure with membership conditions and anti-social behaviour.
- II. Lizzy Sports Club may refuse any person from using the facility or joining the team if he/she does not observe the Conditions of Use, or regulations of the team. If he/she is in breach of any regulations in force, or for conduct deemed by the management to be detrimental to the welfare, good order, safety or character of the complex or its users, such a player will be removed automatically from the program and the paid fees forfeited.
- III. Players will only be permitted to use the facilities if their membership is current and access fee is fully paid.
- IV. Members must not allow anyone else to use their membership, or this will result in the membership being cancelled without notice. There will be no refund for fees paid in advance under these circumstances.
- V. Lizzy Sports Club reserves the right to use the image/s of players for promotional and marketing purposes.
- VI. Payments made for Football Training Program will not be refunded under any circumstances. Kindly ensure the right fees at paid for the right program and duration.
- VII. Participants who require a thorough medical checkup can visit our recommended health physicians "3M&C" at Lizzy Sports Complex. Cost of medical examination shall be borne by participants

#### 3. Requirements and Use of Equipments/Facilities

- I. All members are required to have a doctor's approval of good health before participating in the program
- II. Members must use all equipment and facilities safely and properly and take care to safeguard their own and other users' health and safety.
- III. Training sessions are subject to the team's training times which are normally 1 to 3 times per week on dates listed on the training forms.
- IV. All members will be required to participate in matches outside of the complex where match schedule demands
- V. Lizzy Sports Complex reserves the right to change team's training times.
- VI. The management may also exercise discretion to close the facilities when, in its opinion, the facilities are unsuitable for use from safety or operation point of view.
- VII. All users must wear appropriate attire, footwear, use appropriate equipment, protective gear when necessary and observe all safety rules and conditions for use of the sport/activity

#### 4. Liability

- I. Use of Sports Complex facilities and equipment is entirely at the members own risk.
- II. Neither Lizzy Sports Complex, Lizzy Sports Club, MDF, or MD Investments accepts responsibility for injury, illness, loss or damage howsoever caused other than that arising from the proven negligence of our staff.