

# Registration Form

One form per child please.

Please complete & return to your child's school or daycare

School / Venue :

Child's Name & Surname :

Address :

Post Code :  Email:

Home Tel :  Mobile :

Birth Date :  Gender (Please tick) : Boy  Girl

Please supply any extra information such as allergies, disabilities & behaviours etc. that the coach must be aware of:

I hereby grant permission for any legal use of photographs of our child in Kick-Ups marketing campaigns (advertising or web content). (Please indicate Yes or No)

Name & Surname :

ID Number :

Method of Payment (TICK) Cash  EFT  If EFT, Please send proof of payment to the school or email us

I further agree to the condition that, while **every precaution will be taken for the safety and welfare of my child**, I will hold blameless and indemnify all persons from The Company and its affiliates, should any prejudice, loss, damage, illness or injury occur to my child during the above activity. This includes an indemnity against recovery of costs resulting from damage, loss and/or medical conditions or hospitalisation, unless such loss is caused by the negligence, willfulness or deliberate act of The Company or one or more of it's employees and/or affiliates. 30 days written notice is required should you wish to cancel attendance.

For full **Terms & Conditions policy**, please see [www.thekickups.co.za](http://www.thekickups.co.za).



Signature: \_\_\_\_\_

Date: \_\_\_\_\_