

WINTER SCHOOL HOLIDAYS SPORTS CAMP 2023

REGISTRATION AND CONSENT FORM

All personal information is required and must be completed IN BLOCK LETTERS. One form for each child. Please complete all parts.

Name of Child: _____		Gender: Male / Female	
Address: _____			
Date of Birth: _____	AGE: _____	GRADE: _____	
SCHOOL NAME: _____			
Parent/Guardian Name in full: _____		ID NUM: _____	
Parent/Guardian Contact Number (mobile) _____	Emergency Contact Number _____		

Health History Declaration

MEDICAL CONDITIONS, SPECIAL NEEDS, ALLERGIES AND ADDITIONAL INFORMATION

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE STRICTLY CONFIDENTIAL AND WILL BECOME PART OF YOUR PERSONAL RECORD.

Please use this section to provide us with any information which might affect our ability to safely coach your child or may affect the health and safety of other children and/or other coaches in the lessons. We would like to know whether your child has any **Allergies or Specific Medical Conditions such as Autism /Asthma /Epilepsy/Physical Disabilities.**
ANY CHILD WITH A DIAGNOSED HISTORY OF THE ABOVE-MENTIONED SPECIFIC MEDICAL CONDITIONS WILL NOT BE ALLOWED TO PARTICIPATE IN THE PROGRAMME FOR SAFETY REASONS.

Please, read carefully the below conditions and sign if you agree that your child participates in the activity.

I understand that my child will be a participant in the Holiday Sports Activity from 09 00 to 11 00 hours, and I certify that my child is physically fit and adequately prepared to participate in the related activities.

- ***I am aware that there are risks associated with participation in the sport activities, including the risk of injury, and I consent to my child's participation in spite of such risks.***
- ***I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorise the provision of necessary medical services in the event that my child is injured or becomes ill.***
- ***I undertake to dress him/her in proper sportswear and to bring his/her own refreshment.***
- ***I also understand that the designated coaches reserve the right to exempt my child from any activity that they do not feel is within the physical capabilities of my child.***
- ***I authorise the office of the MSC/ACTIVE MAURITIUS to publish or release to the media any pictures or video of my child during his/her participation in the program for promotional or recognition purposes.***
- ***I assume all responsibility of any problem which may occur after each session.***
- ***I understand that in the event that my child persistently misbehaves or puts others in danger, he/she will be asked to leave and will not be allowed to attend such activities in the future.***

I, the undersigned, being the parent or legal guardian of the child named above, have read, and understood the conditions associated with the participation of my child in the Winter Holidays Sports Camp 2023 and accept all the terms herein.

Signature of Parent/Guardian: _____ Date: _____

Please tick the venue (ONLY ONE) where your Kid will be attending for the Holiday sports activity:

SN	VENUES	DATES	SPORTS DISCIPLINES	✓ (ONE ONLY)
1	GRAND BAIE FOOTBALL GROUND	18, 19, 20, 25, 26, 27 JULY	TIR A LARC	
2	PHOENIX GYMNASIUM	18, 19, 20, 25, 26, 27 JULY	TIR A LARC	
3	ROSE HILL SPORTS COMPLEX	18, 19, 20, 25, 26, 27 JULY	GOLF & ESCRIME	
4	GERMAIN COMMARMOND STADIUM	18, 19, 20, 25, 26, 27 JULY	GOLF	
5	ROSE BELLE STADIUM	18, 19, 20, 25, 26, 27 JULY	GOLF	

Kindly inform us whenever your Kid will not be attending the session by calling 4541009. You will also be notified through SMS by the Coach if ever your Kid has not attended the session.