



# IFOSE'S FOUNDATION (IF)

Nº.301/G.37/C84/VOL I/SAAJP

## Volcanic Warriors Sports and Recreational Academy Children's Programme

Between Courage and Commitments Lies Victory

Our Ref: **001**/IF /VWSPRA/CP/2023

Date: 03 March 2023

### Parental Authorization / Personal Information Sheet

#### Personal Information of Adherent:

Name: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height (Cm): \_\_\_\_\_ Weight (Kg): \_\_\_\_\_ Shoe Seize: \_\_\_\_\_ Shirt Seize: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

Home Address: \_\_\_\_\_ Residence: \_\_\_\_\_

Nationality: \_\_\_\_\_ Region of Origins: \_\_\_\_\_

#### Parent/Guardian Information (Please fill where applicable):

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Mather's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

#### Parental Authorization:

I, Mr/Ms/Mrs \_\_\_\_\_ NID Card No: \_\_\_\_\_,

accept my son/daughter aforementioned to learn sports with **Volcanic Warriors Sports Academy**. I accept constant follow up and communication with the Coaches. I acknowledge that my son/daughter is ready to engage in Sports activities (Please indicate if otherwise).

**Please attach a photocopy of Parent's NID, Students NID or School ID, Birth Certificate and Child's Passport photo. Kindly indicate any health challenge(s) faced by the Child.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **FOR INTERNAL USE (VOLCANIC WARRIORS MANAGEMENT):**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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