



**II. IDENTIFICATION OF PARENT OR GUARDIAN / IDENTIFICATION DU PARENT OU DU TUTEUR**

**4. First Name**.....  
Prénom

**5. Surname**.....  
Nom

**6. Telephone No.** (to be used only to notify changes in schedule and emergencies)  
**No de Téléphone** (être utilisé seulement pour informer des changements de programme et d'urgences)

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**7. E-mail of parent** (to be used to notify changes in schedule and upcoming registration)  
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**III. SCHEDULE AND PAYMENT**

- **Please note: The same fees are applicable irrespective of whether your child plays once, twice or three times a week. We encourage children to attend practice as much as possible to ensure that they keep the same level as the rest of the team players.**

**1. Days of Practice:**

Monday – Wednesday - Friday 4:30 to 6:00pm

- **Please note that during raining season, practices might be cancelled on short notice. The Coach Director will cancel practice at least one hour before if required.**

**2. Fees:**

Full season: 4 months: 120,000 RWF

**All payments to be made to the bank account: 00255-06944095-53 RWF at Bank of Kigali.**

**IV. TERMS AND CONDITIONS/ LES CONDITIONS**

**8. Please read and confirm, by checking the box, the following as part of your child's participation**  
*Lisez et confirmez svp, vérifiez la boîte, les éléments suivant pour la participation de votre enfant :*

My child has current medical insurance coverage    **YES**        **NO**      
*Mon enfant a une assurance-maladie*

***If yes, please provide a copy of the medical insurance.***

Any existing medical conditions will be reported to one of the coaches  
*Toutes les conditions médicales existantes seront rapportées à l'un des entraîneurs.*

*Please list them here:*

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- A parent or responsible adult will remain on-sight during the practice (carpooling is acceptable as long as a responsible adult accompanies the child)  
*Un parent ou un adulte responsable restera sur terrain pendant l'entrainement (La récupération de l'enfant en voiture est acceptable aussi longtemps qu'un adulte l'accompagne)*
- My child will wear appropriate soccer/football attire to practice (shin guards, athletic shorts, t- Shirt/jersey, football shoes/cleats).  
*Mon enfant utilisera les vêtements appropriés pour la pratique du football pendant l'entrainement (Culotte, T-shirt, Godillot).*
- Parents are responsible to bring drinking water, sun cream and any other personal needs of the child.  
*Les parents sont responsables pour l'eau de rafraîchissement, la crème de protection solaire et autres besoins personnels de l'enfant.*
- There is no reimbursement for missed practices// *Il n'y aura pas de remboursements pour les sessions ratées.*

I/Moi, ..... Parent of/Le parent de.....

.....agree to the above terms and conditions for my child's participation in the Gasabo Gorillar's Football Club's *accepte les conditions ci-haut pour que mon enfant participe aux activités de Gasabo Gorilla Football Club.*

\_\_\_\_\_  
**Signature of parent /Signature du parent**

**Date** ...../...../.....

**Disclaimer: the practice of a sport such a soccer can lead to accidents, and it is therefore recommended to subscribe to a medical insurance.**