PARENT/GUARDIAN CONSENT FORM

STATECITY FOOTBALL ACADEMY
Address: South C, Nairobi
Phone: +254**0113249386**
Email: Statecity41@gmail.com

Date: 12th February, 2025

To: Parent/Guardian
Subject: Consent for Child's Participation in Football Academy Activities

Dear Parent/Guardian,

We are pleased to welcome your child to **Statecity Football Academy**, where we are committed to nurturing young talent, promoting teamwork, and developing essential life skills through the beautiful game of football.

To ensure your child's safety and participation, we kindly request that you read and sign the consent form below.

Player Information

- **Full Name of Child:** _____
- **Date of Birth:** _____
- **Current School/Class:** _____
- **Medical Conditions/Allergies (if any):** _____

Parental Consent

I, the undersigned, being the parent/legal guardian of the above-named child, hereby:

1. **Consent** to my child participating in all soccer-related training sessions, matches, tournaments, and associated activities organized by **Statecity Football Academy**.
2. **Acknowledge** that football is a physical activity and understand the risk of minor injuries.
3. **Authorize** the academy to administer basic first aid or seek emergency medical treatment if necessary.
4. **Agree** to abide by the academy's policies, including code of conduct, child protection, and safety guidelines.

5. **Grant permission** for photographs/videos of my child taken during academy events to be used for promotional, educational, and social media purposes (unless otherwise stated in writing).

Parent/Guardian Information & Signature

- **Full Name:** _____
- **Relationship to Child:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Signature:** _____
- **Date:** _____

If you have any questions or concerns, please do not hesitate to contact us. Thank you for entrusting us with your child's football journey.

Warm regards,
Abdulkadir Mohamed
CEO
Statecity Football Academy