Government of the Republic of Trinidad and Tobago
Ministry of Sport and Youth Affairs

sportt
The Sports Company of Trinidad and Tobago Limited

REGISTRATION FORM (Trinidad)

27 July - 28 August 2026

STARTING
27 JULY 2026

JAVA FOOTBALL CAMP 2026

Girls and Boys Ages 7-17

Mon, Wed, Fri
3:00pm - 6:00pm

VENUE:
_____

CHILD INFORMATION

NAME: _____

DATE OF BIRTH: ____ / ____ / ____ AGE: _____ SEX: _____
day month year

T-SHIRT SIZE
- ☐ **8**
- ☐ **10**
- ☐ **12**
- ☐ **14**
- ☐ **16**
- ☐ **18**
- ☐ **Adult S**
- ☐ **Adult M**
- ☐ **Adult L**

FAMILY INFORMATION

Name (Parent/Guardian): _____

Address: _____

Telephone Contact: _____ _____ _____
HOME WORK MOBILE

Place of Employment: _____

The following people should be called in cases of emergency where I cannot be reached.

1. _____ _____ _____
Name Relationship Phone

2. _____ _____ _____
Name Relationship Phone

Please circle YES or NO to the following questions and explain as accurately as possible.

1. Does your child have any allergies? **Yes** (Explain) **No**

_____

2. Does your child have a medical condition that we need to know about? **Yes** (Explain) **No**

_____

3. Are there any activities your child will not be allowed to participate in? **Yes** (Explain) **No**

_____

_____

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DECLARATION

I, the undersigned hereby declare and affirm that:

I am the parent/legal guardian of [name] _____ of

[address] _____

(hereinafter referred to as “my Child”), who is under my care and responsibility.

I declare that I am aware and fully understand the risk associated with physical activity and sport, including, but not limited to, the risk of bodily injury, heart attack, stroke, or even death.

I hereby declare and affirm that my Child is physically fit to participate in the Camp’s activities and my Child has no known illness or adverse medical condition that would render him/her unfit to participate therein.

I hereby consent to the participation of my Child in the JAVA FOOTBALL CAMP (‘the Camp”) and related activities. I understand that my Child’s involvement is free and voluntary and that I can withdraw him/her from participating at any time. Should I choose to exercise this right of withdrawal, I commit to ensuring that the relevant personnel managing the Camp are appropriately and immediately informed.

In case of an emergency, if I cannot be reached, I agree that the Camp’s representatives will contact the person/s listed as emergency contacts herein. If no contact can be reached, I authorize the Camp’s representatives to take all proper and necessary actions and use the emergency service available at the nearest hospital or health centre, if necessary.

I agree to indemnify and hold The Sports Company of Trinidad and Tobago Limited (“SporTT”) and their duly authorised servants, agents, representatives, and volunteers (“the Released Parties”) free and harmless from any and all loss, liability, damages, injury, death, expenses including reasonable attorney fees, compensation and demands and to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the Released Parties, arising from or relating in any way to any damage, injury, trauma, illness, loss, disability, dismemberment, or death that may occur to my Child whatsoever which arises out of or in connection with my Child’s participation in the Camp.

I acknowledge that SporTT reserves the right to use still or video images and/or voices of my Child in the promotion of this Camp, future Camps, and for any other non-commercial purpose.

_____ _____

Parent/Guardian Date