



# ILEAN Memorial Kids & Teenagers Club

## PARENT/GUARDIAN CONSENT FORM

### MEMBER DETAILS

Full Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

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

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## PARENT/GUARDIAN DETAILS

Full Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

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

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## CONSENT

I, \_\_\_\_\_, being the parent/legal guardian of the above-named child, hereby give permission for my child to participate in activities organized by the club including:

- Sports and games
- Tours and trips
- Talent development activities
- Gaming activities
- Charity and community events
- Training sessions and competitions

I understand that the club will take reasonable care to ensure the safety and wellbeing of all members during activities.

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## MEDICAL INFORMATION

Does the child have any medical condition, allergy, or special need?

Yes [ ] No [ ]

If YES, please explain:

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## EMERGENCY CONTACT

Emergency Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## FEES & CONTRIBUTIONS ACKNOWLEDGEMENT

I understand and agree to the following:

- Registration Fee: TZS 100,000 (Payable Once)
- Monthly Membership Fee: TZS 50,000
- Uniform Fee: TZS 35,000
- Additional contributions for transport, meals, tours, and special events will be communicated before each activity.

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# DECLARATION

I confirm that the information provided is true and correct. I agree to comply with the club rules and regulations and support the child's responsible participation in club activities.

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 2026

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# FOR OFFICIAL USE ONLY

Member Registration Number: \_\_\_\_\_

Received By: \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / 2026