



ILEAN Memorial Kids & Teenagers Club

MEMBERSHIP REGISTRATION FORM

MEMBER INFORMATION

Full Name of Member: _____

Gender: Male [] Female []

Date of Birth: ____ / ____ / ____

Age: _____

School Name: _____

Class/Level: _____

Home Address: _____

PARENT/GUARDIAN INFORMATION

Full Name: _____

Relationship to Member: _____

Phone Number: _____

Alternative Phone Number: _____

Email Address (Optional): _____

MEDICAL INFORMATION

Does the member have any medical condition or allergy?

Yes No

If YES, explain: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

CLUB ACTIVITIES

Please tick activities of interest:

- Football
 - Basketball
 - Swimming
 - Gaming
 - Tours & Trips
 - Talent Development
 - Charity Activities
 - Other: _____
-

FEES & CONTRIBUTIONS

I understand and agree that:

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

PARENT/GUARDIAN CONSENT

I, _____, being the parent/guardian of the above-named member, hereby consent to his/her participation in club activities and agree to comply with the club rules and regulations.

I confirm that the information provided above is true and correct.

Parent/Guardian Signature: _____

Date: ____ / ____ / 2026

FOR OFFICIAL USE ONLY

Member Registration Number: _____

Date Registered: ____ / ____ / 2026

Receipt Number: _____

Registered By: _____

Signature: _____