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: ____ / ____ / _____

FOR OFFICIAL USE ONLY

Member Registration Number: _____

Date Registered: ____ / ____ /_____

Receipt Number: _____

Registered By: _____

Signature: _____