



KENYA ACADEMY OF SPORTS

Beyond sporting talent

Athlete Admission Form

Admission No. _____

ATHLETE INFORMATION

Last Name: _____ First Name: _____ Middle _____

Gender: Female Male Age: _____ Sports Discipline _____

Centre Name _____

Period of Training FROM _____ TO _____

Permanent Physical Address: _____

Ward: _____ Sub-County: _____ County: _____ Country/City: _____

Postal Address: _____ Code: _____

Phone Number: _____ Email Address: _____

Disability (if any): _____

Mother/Guardian 1 Name: _____ Phone Number: _____

Father/Guardian 2 Name: _____ Phone Number: _____

Person's Authorized to pick up the Athlete: _____ (Please provide a copy of their ID)

Emergency contact (Name): _____ Relationship: _____ Phone: _____

Athlete's Date of Birth _____

SIGNATURE OF ATHLETE/PARENT/GUARDIAN _____ DATE _____

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Concerns (if any) _____

Insurance cover (if any) _____ Policy number _____



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Who is financially responsible for the student? _____

Parent Signature _____ Date _____

For OFFICIAL USE ONLY

