



KENYA ACADEMY OF SPORTS

Beyond sporting talent

Technical Personnel Admission Form

Admission No. _____

TRAINEE'S INFORMATION

Last Name: _____ First Name: _____
Middle _____

Gender: Female Male Age: _____ Course _____

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): _____

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

Trainee's Date of Birth _____

SIGNATURE OF TRAINEE _____ DATE _____

Trainee's Allergies _____

Trainee's Medical Concerns (If any) _____

Insurance Cover _____ Policy number _____

Who is financially responsible for the trainee? _____

Trainee Signature _____ Date _____

For OFFICIAL USE ONLY