



DECEMBER 2018 HOLIDAY CLINICS

TIME: 09:00 – 12:00

DROP OFF: 08:30

AGES: 5-13 Years Old

COST: R600 Per Member
R750 Per Non-Member

INCLUDED: SSUSS T-Shirt & Certificate

Please bring football boots,
shin pads & sunblock

Our holiday programmes aim to improve players' overall understanding of the game based around our unique SuperSport United Soccer Schools Skills Challenge and the game of Futebol De Salao. All players will have the chance to learn the essential techniques of the game: dribbling, passing, turning, finishing, defending.

CLINIC DATE

17th – 20th December
Monday – Thursday

TO BOOK PLEASE CONTACT

Ryan Macfarelane M: 083 227 6852

Festival Mall Kempton Park: Corner CR Swart Drive and Kelvin Street
East Rand Italian Club Boksburg

kemptonpark@ssuss.co.za | www.ssuss.co.za

Where Players Are Made!

A

PLAYER AND PARENT DETAILS

Please use block capitals, ball point pen and print clearly. All blocks must be completed.

Name of player: Date of birth:

Players age: Players gender:

Parent's name:..... Parent/Guardian's ID:

Address:

Contact number: Email.....

B

AUTHORISATION FOR MEDICAL TREATMENT OF MINORS

This form grants authority to a designated adult to provide and arrange for medical care for the minor in the event of an emergency, where the minor is not accompanied by either parents or Legal Guardians, and it may not be feasible or practical to contact them. This document shall be presented to a Physician, Dentist, Nurse, Surgeon or appropriate hospital representative at such time as unexpected Medical, Dental, Surgical Care or Hospitalization may be required.

Allergies to medication:

Allergies (Other):.....

Please write all conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Medical Aid Scheme: Medical Aid Membership Nr:

C

WAIVER AND INDEMNITY

I, _____ ("the Mother/Father/ guardian"), ID No: _____

on my own behalf, and on behalf of my minor child, as guardian, _____ ("the child"), as well as on behalf of our executors, hereby irrevocably indemnify, SuperSport , SuperSport United, SuperSport United Academy, SuperSport United Soccer Schools, their subsidiaries, their respective management boards, patrons, administrators and employees, and hold them harmless against all liability, loss, damages to person or property, costs or expenses (including legal costs), from whatsoever cause arising in connection with the participation of my child in the SuperSport United Soccer Schools. I acknowledge that this indemnity shall include any claim which arises out of the negligence, whether by omission or commission, of any of the above mentioned parties. I further acknowledge that the child participates entirely at my and his own risk and that no representations in this regard have been made by either the sponsors nor anyone on their behalf.

Notwithstanding the provision of this indemnity, it shall not be construed as a waiver of my rights or of the child's rights to proceed against any other party against whom I or the child may have a right of action.

Dated at: _____ Day/Month/Year: _____

I hereby agree to the terms and conditions set forth above and in notifications A, B, C intend on signing documentation in accordance with the terms set forth herein.

Signature of Parent/Guardian: _____

Witness: _____