SPORTSENSE
THE WAY WE SENSE SPORTS

Calicut, Velliparamba, Pin:673008
Phone: 79025 20790 • Mail: sportsense102023@gmail.com

STUDENT ATHLETE REGISTRATION FORM

Reg No:

Date: DD/MM/YYYY

AFFIX PASSPORT SIZE PHOTO

3.5 X 4.5 CM

PERSONAL DETAILS

Full Name *(As per Aadhaar)*		**Date of Birth**	DD / MM / YYYY
Mobile Number		**Blood Group**	
Aadhaar Number		**Gender**	
Home Address			
		Pin Code	
District		**Nationality**	

SCHOOL / COLLEGE DETAILS

School / College Name		**Class / Year**	
School Phone No.			
Board	☐ Kerala ☐ CBSE ☐ICSE ☐ Other		

PARENT / GUARDIAN DETAILS

Father's Full Name		**Occupation**	
Mother's Full Name		**Occupation**	
Primary Contact	☐ Father ☐ Mother ☐ Guardian	**Relationship**	
WhatsApp / Phone		**Alternate Phone**	
Email (Parent)		**Emergency Contact**	Name: Ph:

DECLARATION & SIGNATURE

I, the parent/guardian of the student named in this form, consent to my child taking part in training, trials and events run by SportSense. I understand that sport carries a risk of injury and that the Academy will take reasonable care of my child's safety, and I authorise the Academy to arrange first aid and emergency medical treatment if I cannot be reached immediately. My child and I will follow the Academy's Code of Conduct and Terms & Conditions, as updated from time to time, and I will inform the Academy of any change in my child's health or contact details.

Signature of Student	Signature of Parent / Guardian	Date

FOR OFFICE USE ONLY

Enrollment Confirmed By	Enrollment Date	Academy ID Assigned
Fee Amount Paid ₹	Mode (Cash / UPI / Bank)	Receipt No.
Batch Assigned	Coach Assigned	

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PARENT / GUARDIAN CONSENT LETTER

Reg No: Date: DD/MM/YYYY

To,
The Administration,
SportSense, Calicut.

Date: DD/MM/YYYY

Subject: Consent for Enrollment & Participation in Sports Training Program

I/We, the undersigned parent/guardian of:

Student's Full Name: _____ **Age:** _____ **Sport(s):** _____

hereby confirm our consent for the above-named student to join and participate in the training program at SportSense, Calicut. We have read and understood all terms and conditions of enrollment and specifically provide our consent for the following:

1. Training & Physical Activity Consent

I/We understand that the sports program at SportSense involves structured physical training, drills, and competitive exercises including Cycling, Cycle Polo, and Kho-Kho. I/We consent to my/our ward participating fully in all training activities as directed by the coaching staff. I/We acknowledge that sports training carries inherent physical risks and confirm that our ward is medically fit to participate (as evidenced by the attached Medical Fitness Certificate from a registered doctor).

2. Emergency Medical Consent

In the event of an injury, accident, or medical emergency during training sessions, I/We authorize the coaching or administrative staff of SportSense to:

[ ] Provide or arrange immediate first aid.

[ ] Contact emergency medical services (ambulance / hospital) if required.

[ ] Contact me/us immediately on the numbers provided in the registration form.

[ ] Transport my/our ward to the nearest hospital if I/We cannot be reached within 15 minutes.

Primary Emergency Contact: _____ Phone: _____

Blood Group of Student: _____ Known Allergies / Medical Conditions: _____

3. Photography & Media Consent

I/We give permission for SportSense to photograph and video-record my/our ward during training sessions, competitions, events, and talent identification camps. These visuals may be used for:

[ ] Academy social media (Instagram, Facebook, YouTube).

[ ] Marketing and promotional materials (brochures, banners, sponsorship decks).

[ ] Media coverage and press releases.

[ ] I DO NOT give permission for photography / media use of my ward. (Please tick if you wish to opt out)

4. School Outreach Program Consent

If my/our ward is participating in SportSense coaching sessions conducted at their school as part of the School Outreach Program, I/We consent to their participation in those sessions during or after school hours as coordinated with the school administration.

5. Travel & Competition Consent

I/We consent to my/our ward traveling to participate in local, district, state, or national-level sports competitions as nominated by SportSense, under the supervision of academy coaches and staff.

6. Code of Conduct Acknowledgement

I/We acknowledge that my/our ward is expected to adhere to SportSense's code of conduct including punctuality, discipline, respect for coaches and fellow athletes, and non-use of performance-enhancing substances. I/We understand that violation of the code of conduct may result in suspension or cancellation of enrollment.

I/We confirm that the above information is true and that we provide our full consent for the above terms and conditions.

Signature of Father _____ **Signature of Mother / Guardian** _____

Name (Father) _____ **Name (Mother / Guardian)** _____

Phone Number _____ **Date** _____

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Consent Form Received By: _____

Date Received: _____

Verified By (Admin): _____

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MEDICAL FITNESS DECLARATION FORM

Reg No: Date: DD/MM/YYYY

STUDENT IDENTIFICATION

Full Name of Student: _____ **Blood Group:** _____

Sport(s) Enrolling For: _____ **Height (cm):** _____

Date of Birth: _____ **Training Batch:** _____

Weight (kg): _____

Medical details:

_____

_____

Current medications (name & dosage, if any):

_____

Name of Doctor who examined the student: _____

Hospital/Clinic Name: _____

Doctor's Registration No. (MCI/ Kerala Medical Council): _____

Date of Examination: _____ **Certificate valid until:** _____
(Medical Certificate must be renewed annually)

PARENT DECLARATION

I/We declare that all medical information provided above is accurate and complete. I/We confirm that the attached Medical Fitness Certificate is genuine and issued by a qualified medical practitioner. I/We take full responsibility for informing SportSense of any change in the student's medical condition during the course of enrollment.

Signature of Parent/Guardian: _____ Date: _____

Name: _____