



**FACULTY OF SPORT  
ST. AUGUSTINE ACADEMY OF SPORT**

**CHILD'S INFORMATION**

<b>Surname:</b>	<b>First Name:</b>
<b>Date of Birth (DD/MM/YY):</b>	<b>Contact Number (if applicable):</b>
<b>Period of Play (Please tick one)</b> <input type="checkbox"/> August - January (\$500) <input type="checkbox"/> February - July (\$500) Payment to be made at the Bursary only. List Receipt Number here: _____	
<b>Emergency Contact and Relationship to Child:</b>	<b>Emergency Contact Number:</b>

**PARENT/GUARDIAN'S INFORMATION**

<b>Surname:</b>	<b>First Name:</b>
<b>Relationship to Child:</b>	
<b>Contact Number:</b>	<b>E-mail:</b>
<b>Address:</b>	
<b>Faculty and Department:</b>	<b>Staff ID:</b>

I hereby certify that the information supplied herein is true and correct and that I understand that the St. Augustine Academy of Sport at The University of the West Indies, St. Augustine Campus ("the University") is relying upon the truth and accuracy of the information contained herein and in reliance thereon, is permitting my child to use the Tennis Court Facilities ("the Facilities"). I further understand that in the event of any false or erroneous information provided by me on this form, the privilege of use of the Facilities may be immediately withdrawn.

I hereby waive and release, indemnify and hold harmless the University, its officers, agents, servants, employees, coaches and/or trainers from and against all demands, causes of action, suits, damages, liabilities and claims of every kind and nature that I may have, arising from or in any way related to my child's use of the Facilities, save for what may ordinarily be due to me through any UWI Staff Group Health Insurance Plan and provided that this waiver of liability does not apply to any acts of gross negligence or wilful misconduct on the part of the University.

I understand that the use of the Facilities may involve inherent risks of physical injury and that any existing medical condition may increase the risk of further injury, and I am willing to assume these risks on behalf of my child. I take full responsibility for my decision to allow my child to use the Facilities and waive all potential claims, actions and liability on the part of the University for any and all damages, injury and/or death that may be sustained by my child as a result of his/her use of the Facilities. I also undertake that at all times whilst my child is utilising the Facilities, that he/she is properly supervised by me or someone authorised to do so on my behalf.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE