



**LEAD FIRST ACADEMY**  
Football Education Character



Lead First Academy is a registered Not-For-Profit Acaemy that changes lives through the Power of Football & Education

Tax Identification Number (TIN): C0062120743  
Registration No: CG061050922  
Organisation FIFA ID: 10CF06B

## LEAD FIRST ACADEMY

Youth Football Development Program Registration Form

(For children aged 9-12 years)

Thank you for choosing Lead First Academy, where we are dedicated to nurturing young talent, building character, and creating pathways for future professional development. Our aim is to provide a holistic training experience that combines fun, learning, and growth.

Why Lead First Academy?

At Lead First Academy, we believe in empowering the next generation of footballers. Through structured training programs and dedicated coaching, we aim to instill discipline, teamwork, and technical football skills in children. Our ultimate goal is to develop well-rounded individuals who are ready to excel both on and off the pitch.

### SECTION 1: PERSONAL INFORMATION

1. Full Name of Child: \_\_\_\_\_

2. Date of Birth (dd/mm/yyyy): \_\_\_\_\_

3. Age: \_\_\_\_\_

4. Gender: \_\_\_\_\_

5. Parent/Guardian Name: \_\_\_\_\_

6. Parent/Guardian Contact Number: \_\_\_\_\_

7. Email Address: \_\_\_\_\_

8. Residential Address: \_\_\_\_\_

9. ID Type (Parent/Guardian): \_\_\_\_\_

**GET IN TOUCH: Chapel Hill, Takoradi, Western Region, Ghana**

**Tel: (+233) 552569469/541707388    Email: [info@leadfirstacademy.org](mailto:info@leadfirstacademy.org)**



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10. ID Number (Parent/Guardian): \_\_\_\_\_

11. Secondary Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SECTION 2: HEALTH DECLARATION

We prioritize the safety and well-being of every participant. Please provide accurate health information.

1. Does your child have any pre-existing health conditions?

(e.g., asthma, allergies, diabetes, epilepsy, heart conditions etc)

• Yes

• No

If yes, please specify: \_\_\_\_\_

2. Is your child currently taking any medication?

• Yes

• No

If yes, please provide details: \_\_\_\_\_

3. Does your child have any physical limitations or injuries?

• Yes

• No

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If yes, please explain: \_\_\_\_\_

4. Preferred Medical Facility/Physician: \_\_\_\_\_

5. Authorization for Emergency Medical Treatment:

• I authorize Lead First Academy to seek emergency medical treatment for my child if required. (Yes / No)

**SECTION 3: TRAINING PACKAGE**

Each participant will receive:

- 2 Customized Training Jerseys with socks

(In the space below, kindly provide preferred initials of child to be printed on training jersey)

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- 1 LFA branded water bottle
- 1 LFA branded training bag
- Professional football training sessions (basic skills and fun activities) by licensed coaches.
- Access to Lead First Academy’s facilities and equipment during the program.
- Opportunities for future talent identification and development.
- Water for refreshment during and after training. Parents who are not comfortable with the water provided should ensure their wards come along with their own water.

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## SECTION 4: TRAINING SCHEDULE

Our sessions are designed to be both engaging and educational. Training will take place on the following days:

- Tuesdays: 4:00 PM – 6:00 PM (Training session)
- Thursdays: 4:00 PM – 6:00 PM (Training session)
- Saturdays: 6:30 AM - 9:00 AM (Match Day)

## SECTION 5: VEST AND JERSEY SIZING INFORMATION

To ensure that each participant receives appropriately sized gear, please provide the following details:

1. Shirt Size (e.g., Small, Medium, Large): \_\_\_\_\_
2. Shorts Size: \_\_\_\_\_
3. Sock Size: \_\_\_\_\_

Kindly note that the accepted training attire is black sports shorts and white t-shirt to be provided by the parents/players. Training vests provided would be worn over this for training days only (Tuesdays and Thursdays).

Jerseys would only be worn on match days.

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## SECTION 6: PROGRAM FEES

- 1-Year Program
- Fee: GHS 2000

Payment is required upon registration to secure your spot.

Payments should be made to the bank account details below

**LEAD FIRST ACADEMY**

**STANBIC BANK**

**STANBIC HEIGHTS BRANCH**

**9040012350281**

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## SECTION 7: CONSENT & AGREEMENT

### 1. Code of Conduct Agreement:

I understand that Lead First Academy emphasizes discipline, teamwork, and respect. My child and I agree to adhere to the academy's code of conduct (attached).

- Yes
- No

### 2. Media Release Consent:

I consent to the use of photographs or videos of my child for promotional purposes by Lead First Academy.

- Yes
- No

### 3. Liability Waiver:

I acknowledge the risks involved in sports activities and release Lead First Academy from liability for injuries sustained during training.

- Yes
- No

4. Signature of Parent/Guardian: \_\_\_\_\_

5. Date: \_\_\_\_\_

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For Office Use Only:

- Registration Fee Paid:  Yes  No
- Training Kit Issued:  Yes  No
- Start Date: \_\_\_\_\_

Signature of Lead First Academy rep: \_\_\_\_\_

Date: \_\_\_\_\_

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