**Kambi ya vijana wakimbizi ya mpira wa miguu ya L.A.C.E.S.**

**Fomu ya usajiri mwaka 2016**

(Tafadhali jaza fomu hii na kulipa dola ($)10 kwa L.A.C.E.S kwa ajili ya kujisajiri)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Camper Information** | | | | | | | | | | | | | | |
| Jina kamili la mchezaji: | | | | | | | Tarehe ya kuzaliwa (MM/DD/YY): | | | | | | jinsi  ❑Mwanamke ❑Mwanaume | |
| ukubwa ya T-shirt (zungushia moja): XS S M L XL | | Darasa: | | | | | Jina la shule: | | | | | | | |
| Anuani ya mtaa | | | | | | | Nyumba #: | | | mji: | | | | |
| State: | Zip: | | Simu ya nyumbani: | | | | | | Simu ya Mkononi: | | | | | |
| Jina la Mzazi/ Mlezi: | | | | | | | Simu ya Mkononi: | | | | | Simu ya nyumbani: | | |
| Anuani ya Mtaa | | | | | | | Nyumba #: | | | | | Mji: | | |
| State: | Zip: | | | Barua pepe: | | | | | | | | mengineyo: | | |
| Jinan la mawasiliano wakati wa dharura: | | | | | | | | Simu ya Mkononi: | | | | Simu ya nyumbani: | | |
| Anuani ya Mtaa | | | | | | | Nyumba #: | | | | | mji: | | |
| State: | Zip: | | | Barua pepe: | | | | | | | | mengine: | | |
| **Maelezo kuhusu Malipo:** Malipo ni dola $10, ikiwa ni ada ya kujisajiri isiyorudishwa; kwa kila mtoto anayeongezeka ni dola $5.  Tafadhali chagua njia utakayoitumia kufanya malipo. Maombi yaambatanishwe na malipo. | | | | | | | | | | | | | | |
| ❑Hundi (Lipa L.A.C.E.S.) | | | | | ❑Fedha Taslimu (Peleka pesa Mkononi) | | | | | | | | |
| **Iwapo ungependa kumfadhili mtoto, tafadhali onesha ki cha iamalipo ya ziada ulichoambatanisha na usajiri wako.** | | | | | | | | | | | | | |
| ❑$10 – Mtoto 1 ❑$20 - watoto 2 ❑$30 – watoto 3 ❑$40 - watoto 4 | | | | | | | | | | | | | |
| Mimi, mzazi au mlezi halali wa mchezaji aliyetajwa hapo juu, natambua kuwa mpira wa miguu ni shuguli inayohusisha kwa kiasi kikubwa matumizi ya mwili na unaweza ukasababisha kujeruhiwa. Namuidhinisha mfanyakazi wa L.A.C.E.S kufanya maamuzi kwa niaba yangu kwa kadri atakavyoona inafaa iwapo kutatokea dharura yoyote yenye kuhitaji msaada wa kidaktari. Kwa kuzingatia ushiriki wa mchezaji katika shughuli mbali mbali zinazodhaminiwa kwa namna yoyote na katika mpango wa L.A.C.E.S. kambi za mpira wa miguu za wakimbizi, shughuli na matukio yenye kuhusiana na hayo, mtajwa hapa chini anaidhinisha kuwa umbile la mshiriki linaweza kupigwa picha na picha hizo zinaweza kuchapwa au kutumika katika katika shughuli mbali mbali za L.A.C.E.S. au matangazo yake. Ninatambua kuwa ada ya usajiri ya $10 hairudhishwi na ni kwa ajili ya kudhamini ushiriki wa mchezaji kwa muda wa siku 5. | | | | | | | | | | | | | | |
| Jina la mzazi/ Mlezi:  Sahihi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Tarehe: | | | | | Uhusiano wako na Mchezaji  ❑Baba ❑Mama  ❑Mlezi niliyeidhinishwa kisheria | | | |

Iwapo una swali lolote, tafadhali wasiliana na Kristie Suarez, L.A.C.E.S. Mkurugenzi wa uendeshaji email [ksuarez@laces.org](mailto:ksuarez@laces.org) au simu na. 585-260-1470.

**Fomu ya ugonjwa iwapo itatokea dharura**

(Tafadhali jaza Fomu ya ugonjwa iwapo itatikea dharura na uirudishe pamoja na usajiri)

Jina la Mtoto: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nambari ya simu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jina la Mama/Mlezi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Namba ya simu wakati wa dharura #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jina la baba/Mlezi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Namba ya simu wakati wa dharura #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ndugu wa karibu/Rafiki: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Namba ya simu wakati wa dharura #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daktari wa Familia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Namba ya simu ya daktari #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Madhara yatokanayo na aina Fulani za vyakula: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Matibabu: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dalili za ugonjwa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jina la Rafiki ambae anaweza kumchukua mototo wangu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_vifupisho\_\_\_\_\_\_\_\_

Jina la Rafiki ambae anaweza kumchukua mototo wangu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_vifupisho\_\_\_\_\_\_\_\_

Ninatoa/ tunatoa idhini na kukubali kwamba mtoa huduma yeyote au watoa huduma wote walioidhinishwa na L.A.C.E.S. wanaweza kumpa huduma za kitabibu muhimu zitazohitajika na mtoto wangu iwapo mtoto ataugua au kujeruhiwa. Idhini hii pia inajumuisha huduma ya kwanza na kusafirishwa kutoka/kwenda kwa watoa huduma za kitabibu.

Sahihi ya Mzazi/ Mlezi Sahihi ya Mzazi/ Mlezi

Tarehe

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| Jina la Mchezaji: | | Tarehe: |
|  | |  |
| Jina la Dawa: *(Ni lazima dawa ziwe katika vifungashio vyake vilivyokuja na dawa, na ziwe zinatosha kwa tukio husika tu)* | | |
|  | | |
| Dozi | Muda/masaa ya kumnywesha dawa | Tarehe ya/za kumnywesha dawa |
|  |  |  |
| Dalili ambazo hujitokeza na zinaashiria kwamba mgonjwa anahitaji dawa au maelekezo mengine yoyote yatakayosaidia. | | |
|  | | |
| Sahihi ya Mzazi au Mlezi: | Tarehe: | Namba ya Simu: |
|  |  |  |

**Fomu ya kuidhinisha dawa zitakazotumika wakati wa ugonjwa**

(Tafadhali jaza Fomu hii na uirudishe pamoja na usajiri)

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**Fomu ya kuwaondoa na kutowahusisha L.A.C.E.S**

(Tafadhali jaza fomu ya kutowahusiha L.A.C.E.S na uirudishe pamoja na usajiri. Ni lazima isainiwe na Mzazi au Mlezi)

Mimi, (mzazi/Mlezi), ambaye ni mzazi au mlezi halali wa (mtoto mdogo). Kwa kuzingatia sheria nakubali mtoto wangu mdogo aruhusiwe kushiriki kambi ya watoto ya mpira wa miguu ya wakimbizi ya L.A.C.E.S. au shughuli na matukio mengine yanayofanana na hayo, Nina kubali kwamba mimi na mtoto wangu mdogo tutazingatia sheria na taratibu zote za kambi ya vijana ya mpira wa miguu ya wakimbizi ya L.A.C.E.S., na mashirika mengine rafiki. Makubaliano haya ni kwa ajili ya kuwaondoa na kutowahusisha moja kwa moja L.A.C.E.S. katika lawama au tatizo lolote linaloweza kutokea kutokana na wao kuwa kusaidia ushiriki wa mtoto wangu mdogo katika kambi ya watoto ya mpira wa miguu ya wakati wa kiangazi. NINAELEWA PIA KWAMBA MCHEZO WA MPIRA WA MIGUU HUHUSISHA MGUSANO WA MIILI MIONGONI MWA WACHEZAJI, NA KWAMBA KUTOKANA NA HILO AJALI KUBWA AU MBAYA ZINAWEZA KUTOKEA WAKATI WA SHUGHULI ZA MICHEZO, NA KWAMBA MARA NYINGINE, WASHIRIKI KATIKA SHUGHULI ZA MICHEZO WANAWEZA KUPATA MAJERAHA MAKUBWA (AU HATA KIFO) NA/AU UHARIBIFU WA MALI MBALIMBALI, IKIWA NI MATOKEO YA USHIRIKI. NIKIWA NATAMBUA UWEZEKANO WA KUPATA MADHARA KUTOKANA NA USHIRIKI, PAMOJA NA YOTE HAYO, NINAKUBALI KWAMBA MTOTO WANGU MDOGO ASHIRIKI NA NINAKUBALI KUCHUKUA JUKUMU IWAPO MADHARA YATATOKEA NA SITAWAWAJIBISHA L.A.C.E.S. AU WAAJIRIWA WAO NA AMBAO (KWA UZEMBE AU KUTOKUWA MAKINI) WANGEKUWA HAWAHUSIKI NA MIMI, MTOTO WANGU MDOGO (AU WARITHI WETU AU WALIOTEULIWA) KATIKA MADHARA YANAYOWEZA KUTOKEA.

Ninathibithisha kwamba umri wangu ni miaka kumi na nane (18) au zaidi na kwamba mtoto wangu ana afya njema na hana tatizo lolote la kiafya ninalolifahamu linaloweza kumzuia kushiriki katika mchezo huu. Ninaelewa na kukubali kwamba mimi na mtoto wangu tunawajibika kutokana na utunzaji wa vifaa vifaa vyovyote au vifaa vyote vya michezo atakavyopewa mototo au na mimi kwa ajili ya matumizi ya mtoto, na nina kubali kuwa mimi na mtoto wangu tutakuwa tunakagua na kutunza vifaa vyote vitakavyotumika, hata kama vifaa hivyo vitakuwa vimetolewa na L.A.C.E.S. or watu wengine. NIMESOMA MAKUBALIANO HAYA KWA UMAKINI NA NIMEELEWA MAUDHUI YAKE VIZURI. NINAELEWA KUWA MAKUBALIANO HAYA NI MKATABA WA KUTOHUSIKA KATI YANGU NA MTOTO WANGU NA KATI YANGU, MTOTO WANGU NA L.A.C.E.S., NA NINA SAINI MKATABA HUU KWA HIARI YANGU MWENYEWE.

Ninawaruhusu L.A.C.E.S., washirika wao, wafadhili na wafanyakazi wao kutumia picha za mtoto wangu katika tovuti yao, au katika vyombo vya habari kwa ajili ya matangazo ya siku za mbele, au kujitangaza na machapisho yao.

Sahihi ya Mzazi/Mlezi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tarehe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jina: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_