



Government of the Republic of Trinidad and Tobago  
Ministry of Sport and Community Development

## **PHYSICAL EDUCATION & SPORT DIVISION**

### **DOCUMENTS REQUIRED FOR REGISTRATION OR RENEWAL OF REGISTRATION OF SPORT**

#### **CLUBS AND SPORT SERVING BODIES (SSBs)**

1. Completed Registration Form
2. Cover Letter requesting registration OR renewal with MSCD
3. Copy of Article of Incorporation Certificate from Ministry of Legal Affairs
4. Letter proving affiliation with relevant National Governing Body (NGB)
5. Copy of organization's Constitution
6. Minutes of last Annual General Meeting (AGM)
7. List of Executive members, positions and contact information
8. Activity Reports for Previous Year \*
9. Income & Expenditure Statement for Previous Year \*
10. Budget for Current Year

***\*Requirement for organisations that have been operating for more than a year.***

***Proof of affiliation to other bona fide Government or Non-Government agencies may also be submitted.***



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**Registration Form for Sport Clubs and Sport Serving Bodies**

<i>Name of Organization</i>		
<i>Year Founded</i>		
<i>Address</i>		
<i>Village/Town</i>		
<i>District</i>	St. George East <input type="checkbox"/> St. George West <input type="checkbox"/> St. Andrew/St. David <input type="checkbox"/> Caroni <input type="checkbox"/> Nariva/Mayaro <input type="checkbox"/> Victoria <input type="checkbox"/> St. Patrick <input type="checkbox"/> Tobago <input type="checkbox"/>	
<i>Contact Information</i>	Name:	
	Address:	
<i>Contact No</i>	Home:	Mobile:
<i>Email Address</i>		
<i>Contact #2 Information</i>	Name:	
	Address:	
<i>Contact No</i>	Home:	Mobile:
<i>Email Address</i>		
<i>Website/ Social Media</i>	Please state user handle:	
	FB:	Twitter:
	Insta:	Other:
<i>Number of Executive/Board members</i>	Total No.: _____ No. of Females: _____ No. of Males: _____ No. of differently abled: _____	



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<i>In which sporting discipline/s do you participate?</i>	Cricket <input type="checkbox"/> Football <input type="checkbox"/> Netball <input type="checkbox"/> Other/s _____
<i>Are your Trainers/Coaches Certified?</i>	YES      NO Total No: _____ No. of Females: _____ No. of Males: _____
	Please state the highest level of certification among your coaches:
<i>Age groups of athletes/participants?</i>	<b>Select all that apply</b> Under 10 <input type="checkbox"/> Under 13 <input type="checkbox"/> Under 15 <input type="checkbox"/> Under 18 <input type="checkbox"/> Under 21 <input type="checkbox"/> 21 & Over <input type="checkbox"/> Senior Citizens (over 60) <input type="checkbox"/>
<i>Number of active athletes/participants</i>	1 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 75 <input type="checkbox"/> 76 to 100 <input type="checkbox"/> 101 & Over <input type="checkbox"/> No. of Females: _____ No. of Males: _____
<i>Number of active differently-abled athletes/participants</i>	Total No.: _____ No. of Females: _____ No. of Males: _____
<i>Average number of participants weekly:</i>	1 to 20 <input type="checkbox"/> 21 to 50 <input type="checkbox"/> 51 to 75 <input type="checkbox"/> 76 to 100 <input type="checkbox"/> 101 & Over <input type="checkbox"/>
<i>Number of training sessions weekly</i>	1x: <input type="checkbox"/> 2x: <input type="checkbox"/> 3x: <input type="checkbox"/> Other: _____
<i>Training days &amp; times</i>	Weekday _____ to _____      Weekend _____ to _____ Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>



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<i>Do you engage in online training/competitions for your members?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, please state.
<i>Has your organisation participated in any training/competition organised/sanctioned by the relevant NGB in the last year?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, please state.

**AUTHORISATION**

I certify that the information given in this application is true and correct (applicants under the age of 18 must obtain the signature of their parents/guardian). I understand that should this application be successful, some of the information herein may be used for promotional purposes.

Applicant Signature:	Date:
Name in Block Letters:	

Parent/Guardian (where applicable) Signature:	Date:
Name in Block Letters:	

**DISCLOSURE NOTICE**

The Ministry of Sport and Community Development is collecting information on this form to be placed into the database of the Physical Education and Sport Division. The omission of pertinent information may hinder the Ministry's ability to properly evaluate and process your application.

Upon approval, the information in this application form may be provided to media organisations, youth organisations, Government Ministries, local governing bodies, non-revenue earning State entities and young people for the purpose of promoting and reporting on your activity. Information will be distributed via press releases, promotional material, websites, periodic reporting documents and other departmental publications.



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**FOR OFFICIAL USE ONLY**

Recommended:  Not Recommended

\_\_\_\_\_  
Name of Ministry Official

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature of Ministry Official

\_\_\_\_\_  
Date (dd/mm/year)

The information you provided may be accessed and updated, if necessary, by contacting the Physical Education and Sport Division of the Ministry of Sport and Community Development.



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Club Registration Process Flow Chart

