R E G I S T R A T I O N F O R M

PHOTO

Residential Academy

1. STUDENT NAME:……………………………………………MOBILE NUMBER ………………………………….…………
2. CLASS IN WHICH ADMISSION IS SOUGHT [SCHOOL / COLLEGE] ……………………………………………….………….
3. DATE OF BIRTH ………/……../………. (dd/mm/yyyy) DOCUMENTS ATTACHED IN SUPPORT OF DATE OF BIRTH)
4. AGE…………….
5. Height .............................
6. Weight ............................
7. Jersey Size: S......./ M....../ L...../ XL...../ XXL......
8. COUNTRY OF BIRTH:…………………………………………. NATIONALITY:……………………………………………….
9. STATUS: <RESIDENT INDIAN: YES / NO>< NRI: YES / NO> FOREIGNER : <YES / NO>
10. FATHER’S NAME:……………………………………………MOBILE NUMBER………………...……………………………
11. FATHER’S / GUARDIAN’S OCCUPATION :……………………………………………………………………………………
12. MOTHER’S NAME:…………………………………………..MOBILE NUMBER………………………………...……………
13. MOTHER’S OCCUPATION:………………………………………………………………………………………...………….
14. MOTHER’S / FATHER’S E-MAIL ID:………………………………...……………………………………………………………..
15. RESIDENCE’S ADDRESS:………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………………………………..

1. NAME OF THE SCHOOL / COLLEGE ATTENTED PREVIOUSLY / PRESENT WITH CLASS:…………………………….
2. PREVIOUS FOOTBALL CLUB’S PLAYED FOR: (if any)

……………………………………………………………………………………………………………………………..

1. PREVIOUS FOOTBALL ACADEMIES: (if any)

………………………………………………………………………………………………………………………………..

1. FOOD ALLERGIES IF ANY:……………………………………………………………………………………………………………
2. ANY PRE EXISTING MEDICAL CONDITION (INJURIES) :……………………………………………………………..………

………………………………………………………………………………………..…………………………………………….……

DATE:……….. / …………./ …………….. SIGNATURE