YOUNG HEROES SOCCER ACADEMY

PLAYER REGISTRATION FORM

Player Information
Player's Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Tribe: _____

Religion: _____

Parent / Guardian Information
Mother's Full Name: _____

Father's Full Name: _____

Father's NIN: _____

Primary Contact Phone: _____

Secondary Contact Phone: _____

Location Details
Home Address / Location: _____

Nearest Landmark: _____

Emergency & Medical Information
Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Conditions / Allergies: _____

Medication Required at Practice? Yes / No

If Yes, Medication & Instructions: _____

Consent & Authorization
I consent for my child to participate in academy activities.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Location: Pallisa Road UCU Grounds.
Contact: 0774242725 / 0788608084 / 0701694347
Email: youngheroessocceracademy1@gmail.com

YOUNG HEROES SOCCER ACADEMY

Emergency Medical Consent Signature: _____ Date: _____

Photo & Media Release
I Agree / I Do Not Agree to photo and video use.

Parent / Guardian Signature: _____ Date: _____

Optional Information
School Name & Class: _____

T-Shirt Size: XS / S / M / L / XL

Location: Pallisa Road UCU Grounds.
Contact: 0774242725 / 0788608084 / 0701694347
Email: youngheroessocceracademy1@gmail.com