



BISHOP HARTMANN AJAY SINGH FOOTBALL ACADEMY

ARA GATE, MAHILONG , RANCHI

Name (Block Letter) : _____

Father's Name/ Guardian Name : _____

Full Address : _____

_____ Pin Code _____

School/Educational Institute Name : _____

Phone Number _____ , _____

Blood Group : Height (in CM) : Weight(in KG): Gender :

Date of Birth :

DD:	MM:	YYYY:
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Summer Coaching Camp Under Supervision of National and International

14 may 2017 to 25 may

Timing : 6:30 AM

Facilities: **Football Kit**

Supplementary food

First aid

Selection for Academy

Charges : Rs. 1000/- for registration

Form Cost : Rs. 50/-

Parent/ Guardian declaration & consent ;

My Ward _____ fit and able to go for the game & does not suffer from any illness or disease that may be of concern during the game. While appreciating the safety precaution undertaken to safeguard our child, I hereby declare that I will not hold any organizer/coach responsible for any mishap, accident, additional expenses or charges in itinerary game. That may occur due to unforeseen circumstances. We also take responsibility that in case of any loss of property to the ground/ venue by the act of mischief/negligence we shall compensate the loss to the organizer. We have read the above instruction/ information and wish to send our son/daughter/ward for said event.

Date: _____ Participants Signature _____ Parent/Gordian Signature _____

Contact Number : Mr. Ajay Singh 9801332424 Mr. Praveen Sing 9534965727