



Erode Strikers Football Academy



REGISTRATION FORM

PLAYER DETAILS

Name :


Date of Birth : Age :

Gender : Aadhar:.....

Father's / Guardian Name : Occupation :

Mother's / Guardian Name : Occupation :

Mail ID :

Mobile Number : 

Emergency Contact Person Name : Number :

School / Institutions Name : STD :

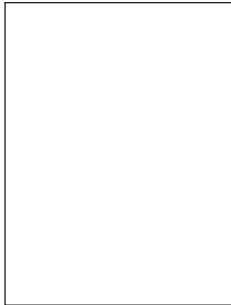
Previous Academy Played : Playing Position :

Any Medical Issue :

Jersey Size : Height : Weight :

Address :

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CONSENT:

I give my full consent for my child, to participate in **STRIKER'S FOOTBALL ACADEMY** Coaching programmes and agree that I have read and adhere to all the terms and conditions stipulated with the registration form.

Date :

Student's Signature

Parent's Signature