

FIFA Under 17 World Cup – India 2017

Form No: _____



Regional Trials Mumbai, Thane and Raigad WESTERN INDIA FOOTBALL ASSOCIATION PLAYER REGISTRATION FORM



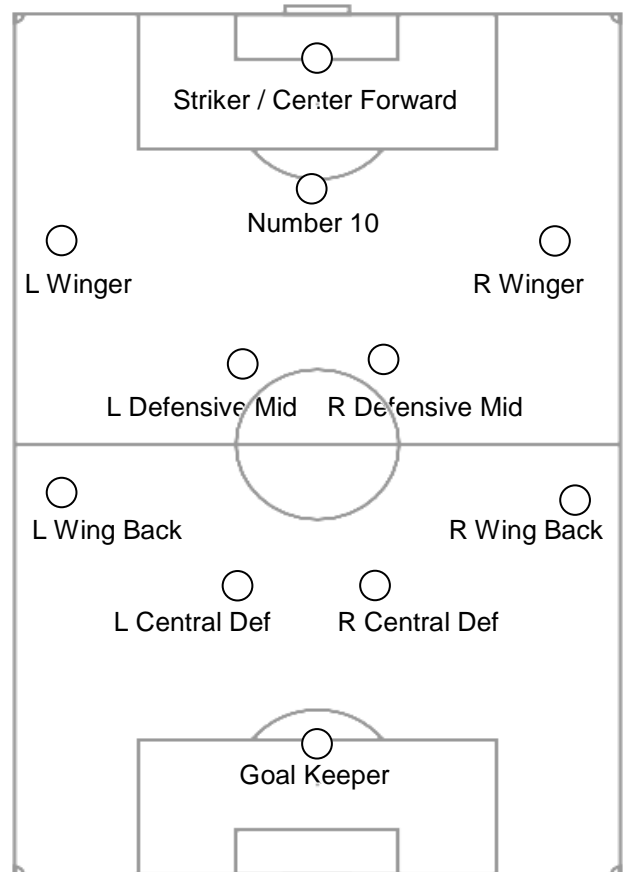
PERSONAL INFORMATION

Full Name:		Photo	
Address:			
Landline No:			
Mobile No:	Height (CM)	Weight (Kgs)	
E-mail :	DOB : DD / MM / YYYY		

School / College:

Birth Proof: attach photocopy
 Passport Birth Certificate

Tick any one position



MEDICAL CERTIFICATE

The candidate must produce a recent fitness certificate (not older than 1 week) issued by a MBBS doctor certifying that he is fit to perform any physical activities during the trials.

INDEMNITY CLAUSE

I hereby indemnify the officials and organizers of the trials and shall not hold them responsible for any injury / accident / mishap that may occur during the trials.

I agree to give my complete support to the organizers of the U-17 World Cup and agree to abide by all the rules and regulations of the trials.

Date: _____ Parent's / Guardian's Signature: _____ Signature: _____