



PLAYER APPLICATION FORM

(Must be completed for each player attending)

Surname of child:

First name:

Date of birth:

Age at time of course:

Nationality:

Fathers name:

Mothers name:

Tel number home:

Tel number home:

Tel number business:

Tel number business:

Address:

Address:

Email address:

Email address:

School:

Class:

Do you have any special dietary requirements?

Do you take medication on a regular basis?

Please give contact details of your local Doctor/ General Practitioner

Do you have any serious illness, (or have you had one in the past):

Passport No: Place of Issue: Date of Issue:

What is your level of spoken English

- None
- Very little
- Elementary
- Intermediate

Are you at a level of fitness to sustain at least 3 hours exercise per day: YES / NO

Both parents/guardians/sponsors should sign:

Fathers Signature:

Mothers Signature:

Name in full:

Name in full:

Date:

Date:

Additional Services required: Visa

Medical Insurance

Please include a copy of the child's passport with the application

PAYMENT:

Cheque to be drawn on "Junior Sports and Services Pvt. Ltd"

Amount: Rs.

- Cheque
- Cash

Bank Name:

Cheque No.: