



APPA BHANSE SPORT SCHOOL

APPLICATION FORM FOR PLAYERS REGISTRATION

(To be filled in Capital letters)

PERSONAL DETAILS

| | Given Name | Surname |
|---|------------------------------|-----------------------------|
| 1. Players Name: | <input type="text"/> | <input type="text"/> |
| 2. Father's Name: | <input type="text"/> | |
| 3. Mother's Name: | <input type="text"/> | |
| 4. Date of Birth (DD/MM/YY): | <input type="text"/> | |
| 5. Permanent Address: | <input type="text"/> | |
| | <input type="text"/> | |
| 6. Contact No: | <input type="text"/> | |
| 7. E-mail ID: | <input type="text"/> | |
| 8. Are you Physically Fit to attend Trails: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

PROFICIENCY DETAILS

| | | |
|--------------------|--|--|
| 9. For Batsman: | Right Hand <input type="checkbox"/> | Left Hand <input type="checkbox"/> |
| 10. For Bowlers: | Medium Pacer: Right Arm <input type="checkbox"/> | Left Arm <input type="checkbox"/> |
| | Right Arm off Break <input type="checkbox"/> | Right Arm Leg Break <input type="checkbox"/> |
| | Left Arm Orthodox <input type="checkbox"/> | Left Arm China Man <input type="checkbox"/> |
| 11. Wicket Keeper: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

NOTE: Bring Original Aadhaar Card and Birth Certificate and oneself certified xerox copy of each

DECLARATION

1. I, hereby, declare that my parents are aware of my participation in the trails and have no objection of whatsoever. I have informed my parents about the rules / terms and conditions of the events and that they endorse my signing of this declaration on their behalf as well.
2. I, hereby, indemnify the organizers (and all associates of the organizers) from any casualty / mishap / any loss to me/ my property during the process of attending the trials.
3. I hereby, give my consent for emergency medical care prescribed by authorized doctor and that this care may be given under whatever conditions are necessary to preserve my life or well-being. The costs shall be borne by me / my family.
4. I hereby, give my consent to the organizers to take photographs, video recordings, and/or a sound recording of my participation in documenting the activities.
5. I hereby, declare that all the details given above in the Registration Form are true and correct to the best of my knowledge and belief. In the even of any information being found false or incorrect or myself being not eligible in terms of eligibility criteria for the participation, my name is liable to be cancelled without any notice.

Players Signature

Parent's Signature

for Office Use