CODE:

```
<!DOCTYPE html>
<html lang="en">
   <head>
       <meta charset="UTF-8">
       <meta http-equiv="X-UA-Compatible" content="IE=edge">
       <meta name="viewport" content="width=device-width, initial-scale=1.0">
        <title>Welcome To Cricket Legue</title>
        <link rel="stylesheet" href="style.css">
    </head>
    <body style="background-color: rgb(133, 207, 231);">
        <center><img src="/cricket.jpg" alt="" width="1900" height="300"></cen</pre>
ter>
       <h1><b><ins>Instructions</ins></b></h1>
            This league is going to be conducted in May 2021.
            The Age Limit for the participants is between 14years to 50yea
rs.
            League is been conducted for both Male and Female.
            All partcipants should compulsory carry there Photo Id proof w
hich they are going to mention in the form.
            Participants are required to provide their correct E-
mail ID and Phone Number so that we can contact you.
       <hr>>
       <h2 align = "center"><b><ins>CRICKET LEAGUE REGISTRATION FORM</ins></b</pre>
        <form>
       <fieldset>
            <legend><b>Name</b></legend>
            <label>First Name: <input type="text" name="firstname"></label>
            <label>Middle Name: <input type="text" name="middlename"></label>
            <label>Last Name: <input type="text" name="lastname"></label>
        </fieldset>
        <br>
        <fieldset>
            <legend><b>Gender</b></legend>
            <label>Male: <input type="radio" name="gender" value="male"></labe</pre>
1><br>>
            <label>Female: <input type="radio" name="gender" value="female">
label>
       </fieldset>
       <br>
        <fieldset>
           <legend><b>Contact Details & Address</b></legend>
```

```
<label>Email ID: <input type="email" name="email"></label>
            <label>Mobile Number: <input type="text" name="mobile"></label>
            <label>Whatsapp Number: <input type="text" name="mobile"></label>
            <label>Address:</label>
            <textarea name="address" id="address" cols="30" rows="1"></textare</pre>
        </fieldset>
        <h3><b> Birth Date in dd-mm-yy</b></h3>
        <label for="start">Enter Date</label>
        <input type="date" name="begin">
        <br>
        <br>
        <br>
        <fieldset>
            <legend><b>Skills</b></legend>
            <label><input type="checkbox" name="Skills" value="Batsman">Batsma
n</label>
            <label><input type="checkbox" name="Skills" value="Bowling">Bowler
</label>
            <label><input type="checkbox" name="Skills" value="All Rounder">Al
1 Rounder</label>
            <label><input type="checkbox" name="Skills" value="Wicket Keeper">
Wicket Keeper</label>
        </fieldset>
        <fieldset>
            <legend><b>ID Proof</legend></b></legend>
            <label for="Photo ID">Photo ID:</label>
            <select name="Photo ID">
                <option value="Aadhar Card">Aadhar Card</option>
                <option value="Pan Card">Pan Card</option>
                <option value="Driving License">Driving License</option>
            </select>
        </fieldset>
        <br><br><br>
        <input type="Submit" value="Submit">
        <input type="Reset" value="Reset">
        </form>
    </body>
```

OUTPUT:



