

# STUDENT REGISTRATION FORM

Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Residential Address

Name of School

School Authority /  
Sports Co-ordinator /  
Coach

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone No.

Age

Date of Birth

Day

Month

Year

Contact Information

Mob:

Res:

Email:

Emergency Contact (Parent / Guardian)

Name:

Mob:

Res:

E-mail:

Gender

☐ Boys ☐ Girls

Sports Interested in

Squash

☐ U - 9

☐ U - 11

☐ U - 13

☐ U - 15

☐ U - 17

Tennis

☐ U - 10

☐ U - 12

☐ U - 14

☐ U - 16

Table Tennis

☐ U - 10

☐ U - 12

☐ U - 15

Swimming

☐ U - 10

☐ U - 12

☐ U - 14

☐ U - 16

Volleyball

☐ U - 12

☐ U - 14

☐ U - 16

Badminton

☐ U - 11

☐ U - 13

☐ U - 15

☐ U - 17

Basketball

☐ U - 11

☐ U - 14

☐ U - 16

Handball

☐ U - 10

☐ U - 12

☐ U - 14

☐ U - 16

For Official Use Only

Form No.:

Date.: \_\_\_\_\_

Inwards No.:

SFA Rec Stamp

For Any Query Contact Us

# STUDENT REGISTRATION FORM

## PERMISSION TO PARTICIPATE

I/We hereby authorize and consent to our child's participation in this EVENT. I/We assume the risk of injury to our child that may occur in any activity.

In consideration of the acceptance of our child in this EVENT, I/we agree to release and hold harmless the SFA EVENTS PRIVATE LIMITED, its members, all coaches, and any and all other of their agents, servants, and/or employees, as well as entities and agree to indemnify each of them from any claims, costs, suits, actions, judgment, and expenses arising from our child's participation in this EVENT.

I/We hereby give our consent and authorize the SFA EVENTS PRIVATE LIMITED and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to administer emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment. I/We agree to reimburse SFA EVENTS PRIVATE LIMITED of any medical expenses made on my behalf for the treatment of my child/children.

I/We understand that SFA EVENTS PRIVATE LIMITED may take photographs/ videos / personal information of our child/ children for information and promotional purposes to upload it on the Website/media platform. I/We hereby give consent to SFA EVENTS PRIVATE LIMITED to disclose to third parties to whom SFA EVENTS PRIVATE LIMITED contracts out specialized functions and the third parties shall publish/advertise.

### PARENT STUDENT STIPULATION:

Based on this information, we understand and stipulate to the following I/We:

1. Understand the eligibility regulations required for participation and affirm that all eligibility requirements have been satisfied, including age and residence.
2. Understand there is potential for serious, catastrophic, or life threatening injury associated with participation in a sport.
3. Shall exhibit, as a participant or spectator, a high level of sportsmanship.
4. Shall follow appropriate procedures in communicating concerns to coaches.
5. Affirm that the student will abide by all Event Rules and regulations.
6. Affirm that the student shall not use steroids, illegal drugs, alcohol, and tobacco unless medically prescribed for a specific condition or illness.
7. Shall allow certified doctors contracted by SFA EVENTS PRIVATE LIMITED to administer emergency and first aid care to our child.

I, \_\_\_\_\_, (parent's name) and I \_\_\_\_\_ (student's name) have carefully reviewed the Permission to Participate Form. I/We understand the conditions for participation in this EVENT, and we understand there are inherent risks associated with participation

Having read the above and having understood the dangers and potential risks involved in playing or practicing the above activities, I give my consent as the parent/legal guardian of the participant, \_\_\_\_\_ (student's name), to participate in the above-named activity.

I/We, hereby assume all risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify SFA EVENTS PRIVATE LIMITED, employees, volunteers, contractors, and/or sponsors, from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them.

I/WE HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I/WE HAVE READ AND UNDERSTOOD IT, AND I/WE AGREE TO BE BOUND BY ITS TERM

Signature of Parent or Legal Guardian:

Signature of Student

Date.: \_\_\_\_\_