

Scoreline Football Schools - Registration Form

Participant name:	
Date of birth: Whatsapp no:	
Home address:	
	ory to take medical insurance for the players by themselves. Induction of the players of the players by themselves.
<u>Decl</u>	<u>laration</u>
	hereby declare that, n are correct and I will abide all the rules and
Date:	Signature of participant:
	<u>nsent</u>
	parent/guardian of hereby give consent
for my son/daughter to appear in the physic during training and matches. I am aware that	al activities at his/her own risk in the academy no compensation in any form shall be claimed in d by my son/daughter during such activities. Also
Date:	Signature of parent/guardian:
To be filled	by coordinator
Registration fee (applicable for 1 year only):	Monthly fee: Jersey size:
Centre name:	District:
Coordinator name:	Coordinator Signature:

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