Gender:



Full Name:

D.O.B/Age:

THE NIGERIAN SECONDARY SCHOOLS FLAG FOOTBALL LEAGUE (NSSFFL)

2023 PLAYER REGISTRATION FORM

BIO DATA INFORMATION*

Address:		City/State:
Phone Number:	7	Grade/Class:
Email:	HIGERIAN SECONDARY SCHOOLS	
PLAYER INFORMATION	1*	
Position:	Height:	Weight:
Does the Player Require Spe	cial Medical Attention? ((YES or NO)
If YES, kindly fill Medical R	-	
All information provided abo	ove is to the best of my kn	owledge.
Signature:		Date:
Parent/Guardian Signature: _		Date:

Coach Signature:	Date:
School Principal Signature:	Date:
State Commissioner for Education Signature:	Date:
State Commissioner for Sports Signature:	Date:
NSSF Coordinator Signature:	Date:

