



REGISTRATION FORM

All players must complete this form

Name

Date of Birth

Age

Address

Phone

Mobile

Email

Age Group registered for (please tick)

U10's..... ☐

U16's..... ☐

U19's..... ☐

Above 19's..... ☐

Sex: Male ☐ Female ☐

Team name (if nominating as a team) _____

I am interested in the following sports:-

Cricket Indoor ☐ Outdoor ☐ Batsman Bowler All Rounder Wicket Keeper

Football Indoor ☐ Outdoor ☐ Forward Defense Goal Keeper

Tennis Individual ☐ Double ☐

Handball ☐

Others _____

I would like to be involved in

Social Sport

☐

Inter-Faculty Tournaments

☐

Regular Sports Teams

☐

University Tournaments

☐

Coaching

☐

Please return to: United Pro Sports L.L.C.
PO Box 62939, Email ID: info@unitedprosports.ae

Method of Payment:

- Cheque (made payable to United Pro Sports L.L.C.*)
- Credit Card
- Cash

* *subject to realization of cheque*

Refund Policy

Fees generally are not refundable. Intention to withdrawal from the competition must be notified to management prior to the commencement of fixtures. Refunds will be made on a pro rata basis at management's discretion.

DECLARATION

I confirm that all the personal information provided is accurate. I acknowledge that participation in this program is undertaken at my own risk. I understand that no liability of personal injury, loss or damage to personal effects is accepted by United Pro Sports or its employees whilst attending the Centre. I acknowledge and comply with United Pro Sports rules and conditions of this program. I am aware that by signing this form I am waiving the legal rights including the right to sue.

Signature _____

Date _____

(Parent/Guardian)

Office Use Only

Payment Received (Receipt attached) ☐

Details entered on database? ☐

