



Performance  
academy

## MUMBAI STRIKERS

# Performance Academy

A/301, Kanta Apt., Hira Nagar, Nahur Road, Mulund (W)

9004388801

www.mumbaistrikers.com

### PLAYERS REGISTRATION FORM

Player Registration No:

Location

Age Group

CRS No:

Office Use Only:

Jersey

Shorts

Kit Size:

Validity:

Name

Surname

Full Name:

Date of Birth: DD/MM/YYYY

Male:

Female:

Nationality:

Blood Group:

Affix

Photograph within the  
box

School Name:

Email ID:

Fathers Name:

Mothers Name:

Mobile No:

Mobile No:

Emergency Contact Name 1:

Emergency Contact Name 2:

Mobile No:

Mobile No:

### Parental/Guardian Consent

Declaration I/we the parents/guardian of the above named player, a minor agree to the following:

(1) Abide by the rules laid down by **Performance Academy**, its affiliated organisations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for **Performance Academy** accepting the registrant for its sports programs and activities (the 'programs'), I hereby release, discharge and/or otherwise indemnify **Performance Academy**, its affiliated organisations and sponsors, their employees and associated personnel's, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation hereby I authorize.

(2) I hereby understand that the registrant cannot play in any other club/institution until after informing Performance Academy.

(3) I hereby understand that the registrant has to accept all liability for the damage to the training equipment caused by careless, negligent and/or improper handling.

(4) To hereby give my consent for emergency medical care prescribed by the duly licensed Doctor of medicine or Doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependents.

(5) To hereby give my consent to **Performance Academy** to take Photographs, Video recordings, and/or sound recordings of the above named player in documenting the activities of the programs, I grant permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

I acknowledge that I have read this registration agreement in its entirety and I have executed this registration agreement voluntarily.

.....  
Date

.....  
Parent/Guardian Name

.....  
Signature of the Parent/Guardian