APPLICATION FORM FOR PLAYERS REGISTRATION

(To be filled in Capital letters)

PERSONAL DETAILS				
	Given Name		Surname	
1. Players Name:				
2. Father's Name:				
3. Mother's Name:				
4. Date of Birth (DD/MM/YY):				
5. Permanent Addres	s:			
6. Contact No:				
7. E-mail ID:				
8. Are you Physically Fit to attend Trails: YES NO				
PROFICIENCY DETAILS				
9. For Batsman:	Right Hand		Left Hand	
10. For Bowlers:	Medium Pacer: Right Arm		Left Arm	
	Right Arm off Break		Right Arm Leg Break	
	Left Arm Orthodox		Left Arm China Man	
11. Wicket Keeper:	YES		NO	

NOTE: Bring Original Aadhaar Card and Birth Certificate and oneself certified xerox copy of each

DECLARATION

- 1. I, hereby, declare that my parents are aware of my participation in the trails and have no objection of whatsoever. I have informed my parents about the rules / terms and conditions of the events and that they endorse my signing of this declaration on their behalf as well.
- 2. I, hereby, indemnify the organizers (and all associates of the organizers) from any casualty / mishap / any loss to me/ my property during the process of attending the trials.
- 3. I hereby, give my consent for emergency medical care prescribed by authorized doctor and that this care may be given under whatever conditions are necessary to preserve my life or well-being. The costs shall be borne by me / my family.
- 4. I hereby, give my consent to the organizers to take photographs, video recordings, and/or a sound recording of my participation in documenting the activities.
- 5. I hereby, declare that all the details given above in the Registration Form are true and correct to the best of my knowledge and belief. In the even of any information being found false or incorrect or myself being not eligible in terms of eligibility criteria for the participation, my name is liable to be cancelled without any notice.

Players Signature

Parent's Signature

for Office Use

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