



# **PSB FOOTBALL ACADEMY**

## **REGISTRATION FORM**

Picture  
1x1

### **PLAYER DETAILS**

Full Name (s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Gender \_\_\_\_\_

B.Form/CNIC/Passport No \_\_\_\_\_

Address \_\_\_\_\_

Telephone Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Medical Fit  Yes  No If any Allergies/ Diseases \_\_\_\_\_

### **PARENTS/GUARDIAN DETAILS**

Full Name (s) \_\_\_\_\_

CNIC/Passport No \_\_\_\_\_ Relation \_\_\_\_\_

Profession \_\_\_\_\_

E-mail \_\_\_\_\_

Mobile \_\_\_\_\_ Telephone Home \_\_\_\_\_

### **TERMS & CONDITIONS**

1. Please attach: Two recent photograph 1x1 and copy of B.Form/ID/Passport.
2. Monthly fee Rs.2,000/- will be paid in advance and is mandatory. Registration can be cancelled if monthly fee is not paid for more than 3 months.
3. Registration fee of Rs.3,000/- applies to all students at the time of registration.
4. Parents/Guardian ensures that the participant is physically and mentally fit and able to participate in the sporting activities and PSB would not be responsible for any misshape / injury during the training session.

5. The PSB will not be held responsible for loss of valuables or any mishap during the use of its PSC premises.
6. No member will be allowed to enter the playing court/field/venue without proper kit/ shoes and registration.
7. Vehicles must be parked in the proper parking area.
8. Misconduct in the PSC premises can lead to immediate termination of registration or ban of entry of defaulter member in the PSC premises.
9. The facility can be closed temporarily on requirement of the Board at a short notice without assigning any reason.
10. PSB reserves the right to turn down any application without assigning any reason.
11. The PSB has the rights to change the timings of any member without assigning any reason.
12. The all trainee will have to adhere to the schedule timings and maintain discipline of the academy as well as the decorum of the playfields.
13. Pets/weapon and any prohibited things as per law are not allowed inside the PSC premises.
14. For further information/detail please contact Ph.051-9249023 .

### **DECLARATION**

I accept above mentioned condition. I have no reason to believe that my health will not interfere with my ability to undertake the participation of physical sessions for which I have applied. I understand that withholding information or knowingly giving incorrect information, about my health may result an adverse effect. I accept full responsibility for any consequences for inaccurate or incomplete information provided by me.

### **PARENT/GUARDIAN**

### **PLAYER**

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

### **FOR OFFICE USE**

Membership No \_\_\_\_\_ has been allotted with Registration fee Rs. \_\_\_\_\_ Monthly fee Rs. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ vide Receipt No. \_\_\_\_\_ Date \_\_\_\_\_.

\_\_\_\_\_  
Authorized Officer/Official

