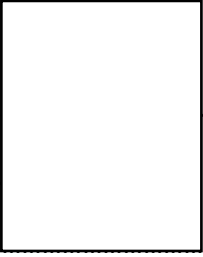


MAVAH COUNCIL ACADEMY REGISTRATION FORM

STUDENT INFORMATION

NAME: 

CONTACT ADDRESS:.....

TELEPHONE NO:.....

EMAIL:.....

Date of Birth: / / Age:.....
 dd mm YYYY

School:..... Grade:

Present Weight:..... Present Height:

Soccer positions(s): Striker Mid-Fielder Defender Goalkeeper

Please indicate any medical condition: (i.e. Allergies, Asthma, Illness, pervious injuries, etc) or any special instruction(s).

.....

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Parent Information

Parent / Guardian Name:.....

Contact Adress:

Telephone: Relationship to Student:

Note: Please attach a copy of student’s ID card along with the form.