



GALAXY SPORTS ACADEMY

...Built to Rebuild

PLAYER REGISTRATION FORM

Clearly fill this form to become a player of Galaxy Sports Academy. Your data would be stored securely in our database. Where marked asterisks (*) are necessary. Fill with ink

Please after filling, scan and submit form to: galaxysportsacademy1@gmail.com

PERSONAL DETAILS

*Full Name:

*Date of Birth: _____ / _____ / _____
Day Month Year

*Gender: Male Female

*Full Residential Address:

*Country of Birth:

*Country of Residence:

*Phone [include country code]:

*Email:

Player History

Previous Team:

Best Position(s): Tick where appropriate

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> GK | <input type="checkbox"/> CB | <input type="checkbox"/> LB | <input type="checkbox"/> RB | <input type="checkbox"/> DMF |
| <input type="checkbox"/> CM | <input type="checkbox"/> RM | <input type="checkbox"/> LM | <input type="checkbox"/> AMF | <input type="checkbox"/> CF |



Family Details

Father's Name: _____

Residence: _____

Phone: _____

Mother's Name: _____

Residence: _____

Phone: _____

Next of Kin: _____

Phone: _____

I _____
declare that all the information I have given is true and correct and that all documents that I have provided for the purposes of Galaxy Sports Academy are genuine. I understand that if any information I have provided to Galaxy Sports Academy is false or incorrect, I will be liable for rejection from this Academy.

I declare that all the information contained in this application form has been read, interpreted and explained to me in a language I understand and I perfectly understood and approved same before my hand guided to make my mark.

Player's Signature: _____

Management Signature: _____

Name: _____

Name: _____

Position: _____

