

PIFA Soccer School

- Registration Form

Center :

Days :

Time :

Reg No.

Date of Reg : / /

Child's Name :

Surname :

5-8yrs 9-12yrs 13-17yrs

Fathers Name :

Mothers Name :

Attach 3 passport photos :

Full Address :

City :

Pin Code :

Date Of Birth :

Mothers Mobile :

School Name :

Mothers Email :

Fathers Occupation :

Mothers Occupation :

Medical Conditions : (Asthma, Head Injury, etc)

IMPORTANT NOTICE :

Fees are non - refundable.

Make up classes can only be made at any PIFA centre with prior permission.

No make up classes are permitted after the fee period has expired.

Coaches will be rotated.

Coaches cannot be contacted directly for birthday or for private coaching.

All children must come in the PIFA jersey and carry a ball



Payment Detail :

Registration : Rs 1000/-

Cash

Cheque

Bank Name :

Cheque No :

Cheque payable to "PIFA Sports Private Limited"

PARENTAL CONSENT

I hereby confirm my son's/ daughter's participation for the PIFA program. I hereby authorize the staff of **Premier India Football Academy** (PIFA), a division of **PIFA Sports Pvt. Ltd.** (PSPL) to act to their best judgement in any emergency requiring medical attention and hereby waiver and release PIFA/PSPL and its staff from any and all liability for any injuries incurred while playing football, training or traveling to or from the academy. I understand that participation including but not limited to football and all other activities in a unique training environment carry with it the risk of injury. All medical expenses in such a case will be the parents responsibility.

PIFA/PSPL are not responsible for items that are lost, stolen or damaged. I acknowledge and agree to assume and be fully responsible for all property or other damage to the facilities used at the academy. Misbehavior or indiscipline and the participant will be asked to leave the program. I understand PIFA/PSPL retains the right to use any photographs, videotapes, motion picture recording or any other record of event publicity, advertising for any legitimate purpose. I understand and accept the terms and conditions and agree by the same.

I also understand that the fees are non refundable.

I have read the above and agree to be bound by the same.

Parents Name :

Parents Signature :

Date :