

REGISTRATION FORM

RFC Residential Academy



1. STUDENT NAME:.....MOBILE NUMBER
2. CLASS IN WHICH ADMISSION IS SOUGHT [SCHOOL / COLLEGE]
3. DATE OF BIRTH/...../.....(DD/MM/YYYY) DOCUMENTS ATTACHED IN SUPPORT OF DATE OF BIRTH)
4. AGE.....
5. Height
6. Weight
7. Jersey Size: S...../ M...../ L...../ XL...../ XXL..... Position
8. COUNTRY OF BIRTH NATIONALITY
9. STATUS: <RESIDENT INDIAN: YES / NO>< NRI: YES / NO> FOREIGNER : <YES / NO>
10. FATHER'S NAME:..... MOBILE NUMBER
11. FATHER'S / GUARDIAN'S OCCUPATION :
12. MOTHER'S NAME:.....MOBILE NUMBER
13. MOTHER'S OCCUPATION:.....
14. MOTHER'S / FATHER'S E-MAIL ID:.....
15. RESIDENCE'S ADDRESS:.....
.....
16. NAME OF THE SCHOOL / COLLEGE ATTENDED PREVIOUSLY / PRESENT WITH CLASS:.....
17. PREVIOUS FOOTBALL CLUB'S PLAYED FOR: (if any)
.....
18. PREVIOUS FOOTBALL ACADEMIES: (if any)
.....
19. FOOD ALLERGIES IF ANY:.....
20. ANY PRE-EXISTING MEDICAL CONDITION (INJURIES) :.....
21. VEG...../ NON VEG.....(Please select your food category).

DATE:..... / /

SIGNATURE

