

PLAYERS'S REGISTRATION FORM

State / NGO Unit :

Player's Name :

Father's Name :

Mother's Name :

Date of Birth (dd/mm/yyyy) :

Address :

.....

Phone No : E-mail ID :

Passport No :

Aadhar No :

Category : (FT1) (FT2)FT3)

Disability Type :Cerebral PalsyAtaxiaHypertoniaAthetosis

Sign
Player

Sign
Parent/Guardian

Sign
Team Manager/incharge

DECLARATION BY PARENTS / GUARDIANS

It is hereby certified that we will not interfere in the selection process for any game and will refrain from being at the site where selection of athletes is in progress. The arena of selection will be out of bound for us.

The decision of the selection committee duly constituted by CPSFI will be final.

We will not use any external influence through any person or agency to get our ward selected for participation in the competition.

My ward is insured under life insurance cover and I/we will not make any claims from Organising committee / CPSFI.

Violation of any aforesaid undertaking will lead to deletion of our ward's name from consideration.

Name of player :

Address:

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Name of Parents / Guardian

Father :

Mother :

Signature of Parent/ Guardian:

Date :

Mobile

ATHLETES MEDICAL EXAMINATION FORM

I have examined (name of player)

son of age

He is not suffering from blood pressure, asthma & other internal disease.

In my professional opinion, this player is fit to participate in National CP Football Championship 2020.

Signature of player

Signature of MBBS Doctor

Mobile.....

Name & seal of Doctor

PLAYER RELEASE FORM

I intend to participate in National CP Football Championship, 2020 from 21-24 March 2020 and am aware of the following :

- Able to participate : I am able to participate in National CP Football Championship, 2020. I am submitting a completed MEDICAL FORM that says that it is safe for me to participate.
- Eligibility : That I am eligible to participate as per the rules and regulations laid down for CP football.
- Photo release : I give permission to CPSFI to use my picture, video, name, voice, words for promotion.
- Personal information. I understand,
 - That my personal information may be used and shared by volunteers of CPSFI for compilation of results, preparing the programs, etc.
 - Input my information in a computerised database maintained by CPSFI / affiliated units.
 - Provide healthcare treatment, make referrals, consult other doctors and remind me about follow-up services
- Research, communicate, and respond to the needs of National CP Football Championship, 2020 participants
- Conduct : That discipline is to be maintained at all times failing which disciplinary action may be taken as per rules of organising committee and as required by law.
- Transportation: Players have to make their own arrangements to reach the venue.
- Boarding & lodging: Food & accommodation will be provided by local organising committee.

I have reviewed this release form with the all participating players. I am satisfied that the participant understands and agrees to this release form.

Team Manager/Incharge Name :

SIGNATURE.....