



HOFFNUNG INTERNATIONAL FOOTBALL ACADEMY

Student Passport
Photo

STUDENT REGISTRATION FORM

STUDENT INFORMATION:

SURNAME: _____ FIRST NAME _____

LAST NAME: _____ DATE OF BIRTH: (dd/mm/yyyy) _____

NATIONALITY: _____ STATE OF ORIGIN _____

PRESENT AGE: _____ PRESENT WEIGHT (kg) _____ HEIGHT (Ft) _____

HOME ADDRESS: _____

CITY/ TOWN _____ STATE _____

PHONE NO: _____ EMAIL _____

ARE YOU IN SCHOOL: YES[] NO[] HIGHEST QUALIFICATION: PRIMARY SCH CERTIFICATE []

JUNIOR SECONDARY CERTIFICATE[] SSCE/GCE[] OND/NCE/DIPLOMA[] DEGREE/HND[]

IF YES, NAME OF SCHOOL _____

SCHOOL ADDRESS _____

CLASS _____ ARE YOU REGISTERED WITH ANY FOOTBALL CLUB/ACADEMY? YES[] NO[]

IF YES, NAME OF CLUB/ACADEMY _____

WHAT IS YOUR PLAYING POSITION (tick as appropriate): GOALKEEPER[] RIGHT MIDFIELD[] RIGHT BACK[]

LEFT MIDFIELD [] LEFT BACK[] CENTRE MIDFIELD[] CENTRE BACK[] STRIKER[]

PARENT/GUARDIAN

NAME OF PARENT/ GUARDIAN _____

RESIDENTIAL ADDRESS: _____

CITY/ TOWN _____ STATE _____

PHONE NO: _____ EMAIL _____

PARENT/GUARDIAN AGREEMENT:

I/we understand that Hoffnung International Football Academy shall provide first aid assistance for injuries sustained while in training, but shall NOT be responsible for such injuries.

I/we further understand that a specific and optional individual insurance cover policy in the event of serious injury is available through the Hoffnung International Football Academy and it is my/our decision as to whether or not we opt in for such cover.

I/WE AGREE TO SEND OUR CHILD/ WARD TO THE HUFFNUNG INTERNATIONAL FOOTBALL ACADEMY

PARENT/ GUARDIAN SIGNATURE _____ DATE _____

STUDENT'S ATTESTATION:

As a registered student of the Hoffnung International Football Academy, I accept that I am responsible for the accuracy of the above information. That I shall abide by all rules and regulations of the Academy; and be of good discipline and behavior at all times.

STUDENT SIGNATURE _____ DATE _____

FOR OFFICE USE

APPLICATION RECEIVED BY: _____

DATE _____ SIGN _____

