



REGISTRATION FORM

PLEASE FILL IN BLOCK LETTERS



AGE: _____

SEX : _____ MALE FEMALE

DATE OF BIRTH [DAY/MONTH/YEAR] _____

PASSPORT NUMBER IF AVAILABLE _____

NATIONALITY _____ WEIGHT/HEIGHT _____

CURRENT CLUB _____

LANGUAGE SPOKEN _____

PREFERRED POSITION _____ DOMINANT FOOT LEFT/RIGHT _____

LEVEL OF PLAY _____ LOCAL STATE REGION NATIONAL

ADDRESS _____

E-MAIL ADDRESS _____



REFERENCE

1: NAME _____ RELATIONSHIP _____

CONTACT INFORMATION _____

2 NAME _____ RELATIONSHIP _____

CONTACT INFORMATION _____

FOR OFFICIAL USE ONLY

ID NO _____

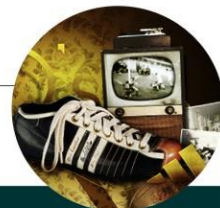
REFERENCE NO _____

DATE _____

OFFICIAL SIGNATURE _____

OFFICIAL REMARK _____

Applicant's signature/date



NOTE:

For filling this form, you have agreed to join MIDAS FOOTBALL ACADEMY fully and you are hereby on a contract with the prestigious team for the next 2 years where your career will be managed for you by the organisation throughout the duration of contract and you are expected to abide by the Rules and Regulations that governs the Academy. Thank you.