



AGNEL SPORTS ACADEMY

REGISTRATION FORM

NAME (IN BLOCK LETTERS)

DATE OF BIRTH

FATHER'S NAME

NAME OF THE SCHOOL

CLASS & SEC

ADDRESS

CONTACT NO.

CHOICE OF SPORT

DATE OF JOINING

DECLARATION

I _____ (Father/Mother) do hereby undertake to abide by the rules. The school shall not be responsible for any injury during the practice.

PARENTS SIGNATURE