

HOCKEY INDIA

SUB JUNIOR PLAYER REGISTRATION APPLICATION FORM



SECTION 1 – TO BE COMPLETED BY ALL PLAYERS / GUARDIAN

A) PERSONAL DETAILS

Name of Player: _____

(Surname)

(Name)

Sex: Male Female

Father/Husband Name: _____

Mothers Name: _____

Address: _____

State Unit Name: _____

Hockey India Registration Number: HI / ___ / ____ / 2014 (if you have one)

Contact Number: _____

Email Address: _____

Place of Birth: _____ Date of Birth: _____

Emergency Contact: _____

(Name, Number, Address) _____

Shirt Size: _____ Short / Skirt Size: _____ Shoe Size: _____

B) MEDICAL

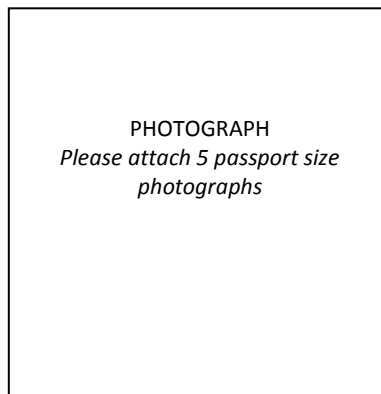
Height: _____ Weight: _____

Known Allergies: _____

Identification Marks:

a) _____

b) _____



C) AGE REGISTRATION Please tick age category as at 1st January 2015:

12-15 years

16-18 years

18-21 years

ATTACH BIRTH CERTIFICATE ISSUED BY MUNICIPAL CORPORATION / CANTONMENT / GRAM PANCHAYAT / PASSPORT. (To be attested by Gazetted Officer)

I, the undersigned wish to be registered with **HOCKEY INDIA** for the year _____ as a player of _____ State/Institution. I enclose five passport size photographs.

Place: _____

Date: _____

Signature of the Applicant

(Please also sign and complete Section 3, page 5 of this form)

SECTION 2 – TO BE COMPLETED BY SCHOOL / COLLEGE OR EMPLOYER

A) TO BE COMPLETED BY SCHOOL / COLLEGE THAT PLAYER IS ATTENDING

I hereby certify that Mr./Ms. _____ Son/Daughter of _____ is studying in the _____ class of this school/college. His/her date of birth according to the school / college record is _____. His/her specimen signature has been affixed in my presence and his/her photograph attested by me.

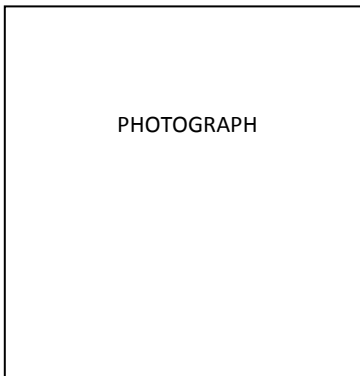
Principal Name: _____

Date Signed: _____

School / College name: _____

Address of school/college: _____

Note: The principal must affix signatures partly on the photograph & on the form.



Signature of Principal and Seat of Education Institute

Specimen Signature of Player



B) TO BE COMPLETED BY PLAYER'S EMPLOYER

I hereby certify that Mr/Ms. _____ Son/Daughter of Sh. _____ is working at _____ as _____ from (date) _____ and his/her date of birth according to our records is _____. His/her specimen signature is affixed in my presence and her photograph attested by me.

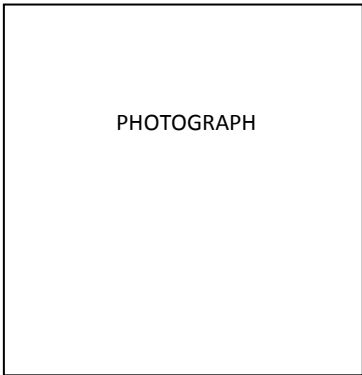
Company Name: _____

Company Address: _____

Name Company Representative: _____

Designation of Company Representative: _____

Note: The signature should be partly on the photograph & on the form.



Signature of Company Representative and Seal of Company

SECTION 3 – CHECKLIST – REGISTERING PLAYER

The following support documents are being submitted along with this application. (Please mark boxes where appropriate)

REQUIRED DOCUMENTS / APPROVALS

- Copy of duly completed Players Registration Application Form in ALL areas (as required)
- Copy of applicant's birth certificate – Birth Certificate to be issued by Municipal Corporation / Cantonment / Gram Panchayat / Passport and attested by Gazetted Officer
- Five passport sizes photographs to be attached
- Completed Age Estimation Medical Form
- Copy of school records for level 10 (for applicants over 15/16 years)
- Copy of passport (if available)
- Other supporting documents, please specify: _____

I, _____, certify that the documents and details supplied are true and correct to the best of my knowledge and are fully aware of the implications can be imposed on me by giving false information.

Place: _____

Date: _____

Signature of the Applicant
(Please sign with blue or black ink)

(Please also sign and complete Section 1, page 2 of this form)

INCOMPLETE OR INCORRECT FORMS SHALL BE REJECTED. APPLICANTS SHOULD BE AWARE OF THE CONTENTS OF THE FORM AS THEY WILL BE HELD RESPONSIBLE FOR ANY MISINFORMATION SUPPLIED BY THEM, WHICH WILL BE DEALT WITH SEVERELY.

SECTION 4 – TO BE COMPLETED BY STATE UNIT / INSTITUTION (MEMBER OF HOCKEY INDIA)

I hereby declare that the age and other details furnished above have been verified by me and are true to the best of my knowledge. I have no objection if the said player is registered as a player of my State/Institution from the year _____.

Players Name: _____

Name State Unit / Institution Representative: _____

Name State Unit / Institution: _____

Seal of State Unit / Institution

Signature
(President / General Secretary)

Place: _____

Date: _____

SECTION 5 –CHECKLIST – MEMBER UNITS

Hockey India affiliated State Units, Institutions and Associated Members should ensure ALL sections are duly completed and supporting material is supplied prior to sending to Hockey India. (Please mark boxes where appropriate)

- All sections are duly completed by the applicant
- All supporting documentation is supplied by the applicant
- The Member Unit representative has duly completed section 4 and 5
- The Member Unit representative has signed the back of all photos to confirm that the applicant's photos are correct
- Completed Age Estimation Medical Form

THE ORIGINAL PLAYER REGISTRATION APPLICATION FORM AND FIVE PHOTOGRAPHS OF THE PLAYER SHOULD BE SENT TO HOCKEY INDIA.

THE STATE UNITS / INSTITUTIONS SHOULD KEEP A PHOTOCOPY OF THIS DOCUMENT ON FILE ALONG WITH TWO PHOTOGRAPHS OF THE PLAYER

INCOMPLETE OR INCORRECT FORMS SHALL BE REJECTED. APPLICANTS AND MEMBER UNITS SHOULD BE AWARE OF THE CONTENTS OF THE FORM AS THEY WILL BE HELD RESPONSIBLE FOR ANY MISINFORMATION SUPPLIED BY THEM, WHICH WILL BE DEALT WITH SEVERELY.

COMPLETED FORMS SHOULD BE SENT TO HOCKEY INDIA AT THE ADDRESS BELOW

HOCKEY INDIA

B1/E3, Ground Floor
Mohan Co-operative Industrial Estate, Mathura Road
(1 km Ahead of Mohan Estate Metro Station)
New Delhi-110044
India

HOCKEY INDIA USE ONLY

File verified: Yes/No _____

Player Registration Number: _____

File recorded: Yes/No _____

ID card issued: Yes/No #: _____

Date: _____

Hockey India Official: _____