



FANTASY SOCCER ACADEMY

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We are located at; Ng'atuny Place, 1st Floor Yukos
Kitengela-Namanga road

AFIX
PASSPORT PHOTO
HERE

PLAYER REGISTRATION FORM

Player's Category: U-9 U-11 U-13 U-15 U-17 U-19

PLAYERS BIO & MEDICAL INFORMATION

Player's Name: _____ Date of Birth: _____ Gender: Male Female

Schools Attended: _____

Previous Academy/Club: _____

Father's Name _____ Telephone No. _____ Email address: _____

Mother's Name: _____ Telephone No. _____ Email address: _____

Guardian's Name: _____ Telephone No. _____ Email address: _____

Contact address

Estate/Residence: _____ Village: _____ Location: _____ County: _____

In an emergency when parent/guardian cannot be reached, please contact the following;

Name: _____ Telephone No. _____ Estate/Residence: _____

Name: _____ Telephone No. _____ Estate/Residence: _____

Please list any medical condition:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Doctor:

Name: _____ Telephone No. _____ Hospital: _____

Parents'/Guardian's Consent:

Signature: _____ Date: _____ Relationship: _____

FOR OFFICIAL USE:

Date of Entry: _____ Enrolment No: _____

Director: _____ On Behalf of Fantasy: _____

Signature: _____ Signature: _____

NOTE:

Attach a copy of birth certificate