

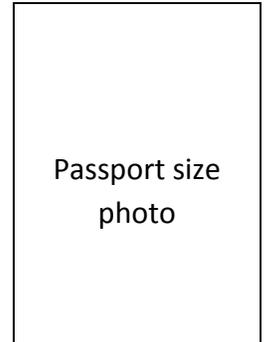


Red star F C Thrissur

Selection Trials Registration Form

1. Name of the Student : _____
2. Father's /Guardian's Name : _____
3. Permanent Address :

4. Mobile No : _____ E-mail : _____
5. Date of birth : _____ (Please attach certificate copy)
6. Height : _____ Feet _____ Inches (In _____ cm) Weight : _____ Kg
7. School Name : _____ Std : _____
8. Football Particulars: (Please attach participation certificate copy)
Playing Positions: a _____
b _____
c _____
9. History of medical illness : _____
10. Blood Group: _____



Declaration: I, _____ (Parent / Guardian's name) hereby certify that the above information is authentic and true to the best of my knowledge. I understand Red Star FC provides no medical or dental insurance for players participating in the selection trials. In case any information is not found true, the center has full rights to take disciplinary action against my ward.

Candidate's Signature

Parent / Guardian's Signature