



MARGALLA

Football Academy

Admission Form

1. Personal Information

Full Name _____ Father's Name _____

Date of Birth _____ Gender ☐ Male ☐ Female

CNIC/B-Form Number _____ Nationality _____

Contact Number _____ Home _____

What's up Number _____

Home
Address _____

2. Emergency Contact

Name _____ Relation _____

Contact Number _____

3. Academic Information

Current School/College _____

5. Medical Information

Any known medical condition?

Parents' Roles and Regulations

- ❖ Be positive and respectful towards all players, coaches, referees, and other parents.
- ❖ Ensure your child attends all training sessions and matches on time.
- ❖ Support the academy's decisions regarding team selection, playing time, and discipline.
- ❖ Inform the academy of any medical conditions or injuries.
- ❖ Make sure your child arrives in proper sports gear, including shin guards and water bottles.
- ❖ Pay all academy fees (registration, monthly dues, etc.) on time.
- ❖ Keep receipts for all payments and communicate promptly in case of financial concerns.
- ❖ Teach your child to respect the academy's facilities, equipment, and uniform.

✓ ACADEMY CONTACT NUMBER- 0301-5242052
margallafootballacademy@gmail.com

SIGNATURE _____

