Parent / Guardian Photo

Player's Photo

MENTOR SPORTS INTERNATIONAL ACADEMY

PLAYER REGISTRATION FORM

Uganda Youth Football Association (UYFA) Affiliated

A. PLAYER'S BACKGROUND

1. Full Name: ..... **Sex:** ☐ Male ☐ Female

2. Date of Birth: ..... **Age:** .....

NIN / Passport No: ..... **Country:** .....

3. Town of Birth: ..... **District/County:** .....

4. Residence: .....

5. Player Contact: Phone: ..... Email: .....

B. PARENTAL / FAMILY BACKGROUND

1. Father's Name: ..... **Contact:** .....

2. Mother's Name: ..... **Contact:** .....

3. Guardian's Name: ..... **Contact:** .....

C. EDUCATIONAL BACKGROUND

1. Primary Level: ..... **Class / Year:** .....

2. Secondary Level: ..... **Level / Year:** .....

3. Institution / Varsity: ..... **Year of Study:** .....

D. FOOTBALL ATTRIBUTES

1. Position of Play: ☐ Forward ☐ Midfield ☐ Defense **Preferred Foot:** ☐ Left ☐ Right ☐ Both

2. Previous Club: ..... **None:** ☐ N/A

E. PLAYER DECLARATION

I declare that I will abide by the rules and regulations governing Uganda Youth Football Association (UYFA) teams in Uganda for the benefit of grooming my talent as a footballer. I understand that I may be discontinued if I breach the rules or demonstrate indiscipline or misbehavior.

Player Signature: ..... **Date:** .....

F. PARENT / GUARDIAN CONSENT DECLARATION

We, the parents or guardians of the above-named player, agree to:

1. Abide by the rules and regulations of UYFA, FUFA, CAF, and FIFA concerning grassroots football.
2. Hereby give consent for emergency medical care prescribed by fully licensed healthcare personnel under minimum conditions necessary to preserve life.

Parent/Guardian Name: ..... **Contact:** .....

Residence / Address: ..... **Signature:** .....

G. OFFICIAL ACADEMY DECLARATION (OFFICIAL USE ONLY)

Registration Status: Registered for **MENTOR SPORTS INTERNATIONAL SELECTION CAMP** **Reg No:** .....

Academy Secretary Name & Sign: ..... **Date:** .....

CONTACT ENQUIRIES: +256 772 404 723 | +256 765 386 403 | +256 706 440 143