

## **Trial of Syamaprasad College Football Team (Men)**

### **CONSENT & DECLARATION FORM**

**1. STUDENT'S DETAILS:**

- a. PLAYER'S NAME:
- b. GURDIAN'S NAME:
- c. RELATIONSHIP WITH PLAYERS:
- d. GURDIAN'S CONTACT NUMBER:
- e. DATE OF BIRTH:
- f. ADDRESS:
  
- g. CONTACT NUMBER:
- h. MAIL ID:
- i. STREAM:
- j. SEMESTER:
- k. COURSE:

**2. MEDICAL FITNESS:**

I HEREBY DECLARE THAT, ..... IS PHYSICALLY FIT TO UNDERGO THE SELECTION TRIAL OF SYAMAPRASAD COLLEGE FOOTBALL TEAM (MEN), NOT SUFFERING ANY MEDICAL ILLNESS RECENTLY AND ALSO WILLING TO PARTICIPATE IN THE TRIAL. THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND WILL BE LIABLE FOR DISQUALIFICATION FROM THE SCHEME, IF FOUND WRONG AT ANY TIME.

SIGNATURE OF PLAYER

SIGNATURE OF GURDIAN

DATE: