

# HOCKEY INDIA

## JUNIOR PLAYER REGISTRATION APPLICATION FORM



### SECTION 1 – TO BE COMPLETED BY ALL PLAYERS / GUARDIAN

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#### A) PERSONAL DETAILS

Name of Player: \_\_\_\_\_

*(Surname)*

\_\_\_\_\_

*(Name)*

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Father/Husband Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Unit Name: \_\_\_\_\_

Hockey India Registration Number: HI / \_\_\_ / \_\_\_\_ / 2014 (if you have one)

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

*(Name, Number, Address)* \_\_\_\_\_

\_\_\_\_\_

Shirt Size: \_\_\_\_\_ Short / Skirt Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

#### B) MEDICAL

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Identification Marks:

a) \_\_\_\_\_

b) \_\_\_\_\_

**C) AGE REGISTRATION** Please tick age category as at 1st January 2015:

12-15 years

16-18 years

18-21 years

**ATTACH BIRTH CERTIFICATE ISSUED BY MUNICIPAL CORPORATION / CANTONMENT / GRAM PANCHAYAT / PASSPORT. (To be attested by Gazetted Officer)**

I, the undersigned wish to be registered with **HOCKEY INDIA** for the year \_\_\_\_\_ as a player of \_\_\_\_\_ State/Institution. I enclose five passport size photographs.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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*Signature of the Applicant*

***(Please also sign and complete Section 3, page 5 of this form)***

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**SECTION 2 – TO BE COMPLETED BY SCHOOL / COLLEGE OR EMPLOYER**

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**A) TO BE COMPLETED BY SCHOOL / COLLEGE THAT PLAYER IS ATTENDING**

I hereby certify that Mr./Ms. \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ is studying in the \_\_\_\_\_ class of this school/college. His/her date of birth according to the school / college record is \_\_\_\_\_. His/her specimen signature has been affixed in my presence and his/her photograph attested by me.

Principal Name: \_\_\_\_\_

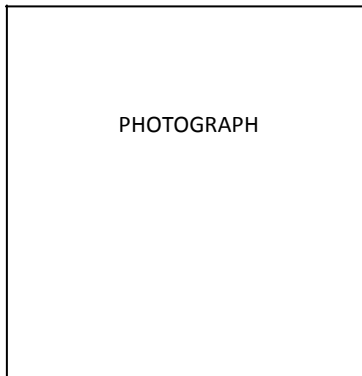
Date Signed: \_\_\_\_\_

School / College name: \_\_\_\_\_

Address of school/college: \_\_\_\_\_

\_\_\_\_\_

**Note: The principal must affix signatures partly on the photograph & on the form.**



*Signature of Principal and Seat of Education Institute*

*Specimen Signature of Player*



**B) TO BE COMPLETED BY PLAYER'S EMPLOYER**

I hereby certify that Mr/Ms. \_\_\_\_\_ Son/Daughter of Sh. \_\_\_\_\_ is working at \_\_\_\_\_ as \_\_\_\_\_ from (date) \_\_\_\_\_ and his/her date of birth according to our records is \_\_\_\_\_. His/her specimen signature is affixed in my presence and her photograph attested by me.

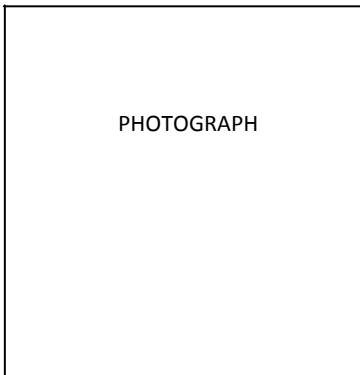
Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Name Company Representative: \_\_\_\_\_

Designation of Company Representative: \_\_\_\_\_

**Note: The signature should be partly on the photograph & on the form.**



*Signature of Company Representative and Seal of Company*

### SECTION 3 – CHECKLIST – REGISTERING PLAYER

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The following support documents are being submitted along with this application. (Please mark boxes where appropriate)

#### REQUIRED DOCUMENTS / APPROVALS

- Copy of duly completed Players Registration Application Form in ALL areas (as required)
- Copy of applicant's birth certificate – Birth Certificate to be issued by Municipal Corporation / Cantonment / Gram Panchayat / Passport and attested by Gazetted Officer
- Five passport sizes photographs to be attached
- Completed Age Estimation Medical Form
- Copy of school records for level 10 (for applicants over 15/16 years)
- Copy of passport (if available)
- Other supporting documents, please specify: \_\_\_\_\_

I, \_\_\_\_\_, certify that the documents and details supplied are true and correct to the best of my knowledge and are fully aware of the implications can be imposed on me by giving false information.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*Signature of the Applicant*  
(Please sign with blue or black ink)

***(Please also sign and complete Section 1, page 2 of this form)***

***INCOMPLETE OR INCORRECT FORMS SHALL BE REJECTED. APPLICANTS SHOULD BE AWARE OF THE CONTENTS OF THE FORM AS THEY WILL BE HELD RESPONSIBLE FOR ANY MISINFORMATION SUPPLIED BY THEM, WHICH WILL BE DEALT WITH SEVERELY.***

**SECTION 4 – TO BE COMPLETED BY STATE UNIT / INSTITUTION (MEMBER OF HOCKEY INDIA)**

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I hereby declare that the age and other details furnished above have been verified by me and are true to the best of my knowledge. I have no objection if the said player is registered as a player of my State/Institution from the year \_\_\_\_\_.

Players Name: \_\_\_\_\_

Name State Unit / Institution Representative: \_\_\_\_\_

Name State Unit / Institution: \_\_\_\_\_

*Seal of State Unit / Institution*

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*Signature*  
*(President / General Secretary)*

Place: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION 5 –CHECKLIST – MEMBER UNITS

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Hockey India affiliated State Units, Institutions and Associated Members should ensure ALL sections are duly completed and supporting material is supplied prior to sending to Hockey India. (Please mark boxes where appropriate)

- All sections are duly completed by the applicant
- All supporting documentation is supplied by the applicant
- The Member Unit representative has duly completed section 4 and 5
- The Member Unit representative has signed the back of all photos to confirm that the applicant's photos are correct
- Completed Age Estimation Medical Form

*THE ORIGINAL PLAYER REGISTRATION APPLICATION FORM AND FIVE PHOTOGRAPHS OF THE PLAYER SHOULD BE SENT TO HOCKEY INDIA.*

*THE STATE UNITS / INSTITUTIONS SHOULD KEEP A PHOTOCOPY OF THIS DOCUMENT ON FILE ALONG WITH TWO PHOTOGRAPHS OF THE PLAYER*

*INCOMPLETE OR INCORRECT FORMS SHALL BE REJECTED. APPLICANTS AND MEMBER UNITS SHOULD BE AWARE OF THE CONTENTS OF THE FORM AS THEY WILL BE HELD RESPONSIBLE FOR ANY MISINFORMATION SUPPLIED BY THEM, WHICH WILL BE DEALT WITH SEVERELY.*

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### COMPLETED FORMS SHOULD BE SENT TO HOCKEY INDIA AT THE ADDRESS BELOW

#### **HOCKEY INDIA**

B1/E3, Ground Floor  
Mohan Co-operative Industrial Estate, Mathura Road  
(1 km Ahead of Mohan Estate Metro Station)  
New Delhi-110044  
India

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### HOCKEY INDIA USE ONLY

File verified: Yes/No \_\_\_\_\_ Player Registration Number: \_\_\_\_\_

File recorded: Yes/No \_\_\_\_\_ ID card issued: Yes/No #: \_\_\_\_\_

Date: \_\_\_\_\_ Hockey India Official: \_\_\_\_\_