



QATAR CRICKET ACADEMY

let us grow together

REGISTRATION FORM

SESSION: _____ REGISTRATION NO: _____
NAME: _____
FATHER'S NAME: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
PASSPORT No: _____ PLACE & DATE
OF ISSUE: _____
QATAR RP NO: _____ EXPIRY DATE: _____
SCHOOL _____ CLASS: _____
CONTACT NUMBERS: MOBILE: _____ RESIDENCE: _____

UNDERTAKING

I hereby agree to abide by the rules and regulations of Qatar Cricket Academy and decisions made by its management committee.

I agree not to hold Qatar Cricket Academy liable in any form, monetary or otherwise, in any case of injury or accident to my son during practice sessions, matches, or otherwise, while participating with the Qatar Cricket Academy.

GUARDIAN'S NAME & SIGNATURE (DATED)

FOR OFFICIAL USE ONLY

Received a sum of QR _____ and registered the individual registration accepted by
Qatar Cricket Academy.

Receipt No: _____

Date: _____

Office Manager Signature _____ President / General Secretary _____