

# Principal's cup

## Players registration form

\* Indicates required question

---

1. **LIST OF PLAYERS [30 players] \***

---

---

---

---

---

2. **Educational District \***

---

3. **Name of School \***

---

4. **Have your school participated in the Principals Cup football competition before? \***

*Mark only one oval.*

Yes

No

5. **If yes, kindly provide details on the years of participation**

---

6. **Has your school ever won the competition before? \***

*Mark only one oval.*

Yes

No

7. **If yes, how many times has your school won it?**

---

### **Principal's cup**

#### **Players Individual Information**

8. **Player's Surname \***

---

9. **Player's First Name \***

---

10. **Date of Birth \***

---

*Example: 7 January 2019*

11. **Upload a copy of your birth certificate \***

Files submitted:

12. **Player's NIN number \***

---

13. **Gender \***

*Mark only one oval.*

Male

Female

14. **Home Address \***

---

---

---

---

---

15. **Passport photograph \***

Files submitted:

16. **Full name of Parent or Guardian \***

---

17. **Phone number of Parent or Guardian \***

---

18. **Medical condition of participant \***

*Tick all that apply.*

- Asthma
- Allergies (Food allergies, medical allergy, dust allergy)
- Diabetes
- Epilepsy or seizure disorder
- Heart conditions
- Orthopedic issues ( arthritis, joint problems)
- Vision impairment
- Hearing impairment
- No known medical condtions
- Other: \_\_\_\_\_

---

This content is neither created nor endorsed by Google.

**Google Forms**

