

www.sscricket.in

Ralamandal foothills, Near Mother's Pet School, Bypass, Indore M.P.

Call: 97709 77777 | mail: summercamp@sscricket.in

SUMMER CAMP

(1st May to 31st May)



PERSONAL DATA	Please use block letters		
FIRST NAME	MIDDLE NAME	LAS	T NAME
Name:			
Date of Birth: DD MM YY	Age Years		
Father's Name:		Occupation:	
Mother's Name:		Occupation:	
School/Collage:		Class:	
PHYSICAL DATA			
Height (in cm): Weight (in Kg):	Blood Group:		Dominant Hand
Any Illness/Allergy/ Disability/ Injury/ Surgery	Y		Left Right
(if YES, Specify):			
CONTACT DETAILS			
Address:			
Pin Code: Landmark:			
Mobile (Self) +91			
Email id:	Facebook id		
Mobile (Guardian1) +91	Mobile (Guardian2)		
Email id:(Guardian1)	Email id:(Guardian2)		
Facebook id:(Guardian1)	Facebook id: (Guardian2)		



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PASSION & INTEREST DETAILS
Reason to join Career Fitness Fun
Skill Set (select your preference)
A. Batting B. Bowling C. Fielding D. Wicket Keeping
Priority 1 Priority 2 Priority 3 Priority 4
Specify your skill in detail
Last formal training (specify if any)
FEE DETAILS
Transport facility opted V N Receipt No. (for office use)
Paid by: Cash
DECLARATION
I, the undersigned, am the parent/ legal guardian of hereby declare that the above details are true and are filled under my full knowledge and supervision. I accept my child's registration with SS Cricket Academy for their Summer Cricket Camp 2014. Furthermore, I will not hold the club responsible for any injury or damage sustained during transportation to and from the Academy or in the course of any practice, training, or match routines.
Father Mother Gardian
Name Date/