



PLAYER REGISTRATION FORM

Full Name:	
Father Name :	
Email ID :	
DOB:	Gender:
Phone no:	Whatsapp No:
Street Address:	
Apartment, suite, etc :	
City:	State:
Postal Code:	Country:
Aadhar Card No:	
Name of Club:	
Coach Name:	Coach ID:

Consent & Declaration

- ☐ I hereby declare that all the above information is true to the best of my knowledge.
- ☐ I understand that Nunchaku is a martial art sport and may involve physical contact and risk.
- ☐ I give full consent for my child/self to participate in training and tournaments organized by the Nunchaku Association of India.
- ☐ I authorize the association to use the submitted photograph/video for promotional and record-keeping purposes.

PLAYER PHOTO

Player Signature: _____

Parent/Guardian Signature (if minor): _____

Date: _____

Coach Signature: _____