

## PLAYER REGISTRATION FORM

### TURN PRO ACADEMY

P.O BOX 1153 – 40100 KISUMU, KENYA

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[www.turnproacademy.com](http://www.turnproacademy.com)

#### SECTION A:- PLAYER DETAILS

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: \_\_\_\_\_

(dd/mm/yy)

School Attending: \_\_\_\_\_

Grade/Year/Class/Form \_\_\_\_\_

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

Nationality: \_\_\_\_\_

ATTACH RECENT PASSPORT PHOTO

Any special physical/medical condition of child: \_\_\_\_\_

(\*Please indicate if any otherwise indicate NONE)

**NB: Kindly attach copies of Birth Certificate and or passport**

**SECTION B:- PARENT/GUARDIAN'S DETAILS**

Parent /Guardian's First Name: \_\_\_\_\_ Middle  
Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

Residence: \_\_\_\_\_

Nationality: \_\_\_\_\_

Tel/Mobile No: \_\_\_\_\_ Tel/Mobile  
No.2: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yy)

**SECTION C:- OFFICIAL**

(To be completed by TURN PRO official on receipt if Section A and B are fully completed and signed)

Date form received: \_\_\_\_\_ Signature: \_\_\_\_\_

Player Number issued: \_\_\_\_\_

Name of Approving Official: **ALFRED ADU OMONDI** Signature: \_\_\_\_\_

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

Stamp: \_\_\_\_\_

**BANK : SBM BANK (K) LTD**

**BRANCH: KISUMU**


**ACCOUNT NO: 0152375509001**

**LIPA NA MPESA: 495709**

**#WeTurnThemPro**



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