



TESFA FOOTBALL ACADEMY

TESFA Football Academy Registration Form

Please use this form to apply for your child's admission to our Academy. We need complete and accurate information about the student, so make sure you fill out all fields.

3 x 4
Four Pictures

Student Profile

Name: _____

First Name

Last Name

Birth Date: ____/____/____ Age: _____ Gender: _____

Present Height: _____ cm Present Weight: _____ Kg

Present School: _____ Academic Status _____

Nationality: _____

Current Address:

Region: _____ City/ Sub-City: _____ Kebele: _____ House No. _____

Phone: _____

Please indicate any Medical Condition:

T-Shirt Size:

<input type="radio"/> S (Kids Size)	<input type="radio"/> M (Kids Size)	<input type="radio"/> L (Kids Size)	<input type="radio"/> XL (Kids Size)
<input type="radio"/> S (Adult Size)	<input type="radio"/> M (Adult Size)	<input type="radio"/> L (Adult Size)	<input type="radio"/> XL (Adult Size)

Parent/Guardian Profile

Name _____

First Name

Last Name

Relationship to Student: _____

Contact Address:

Phone: _____ Email: _____