



Please complete this Registration Form and submit it to The Corporate League Management (TCL). Please do not leave any answers blank - insert N/A where the relevant question is not applicable. The information submitted will remain private and will only be used for registration purposes and in the case of medical emergency.

Company Information

Company Name _____

Company Phone Number _____

Company Address _____

Does your company authorize your team to represent them in the TCL? Yes No

If so, please provide the name and signature of the authorizing member of the company:

Name

Signature

Team Information

Primary Point of Contact (Player) _____

Team Name _____

Number of Players _____

Anticipated Level of Play Recreational Intermediate Competitive



Once you have completed the TCL Registration Form and are ready to submit it, please contact Faheem Bakhsh (055 338 5353) via e-mail at faheem@thecorporateleague.com or Omer Mohammad (055 861 3900) via e-mail at omer@thecorporateleague.com.



THE CORPORATE LEAGUE

Team Registration Form

Player Name	Jersey # (2-20)	Is the player an employee of the company? (Yes or No)
1 <i>Goalkeeper</i>	1	Yes <input type="checkbox"/> No <input type="checkbox"/>
2		Yes <input type="checkbox"/> No <input type="checkbox"/>
3		Yes <input type="checkbox"/> No <input type="checkbox"/>
4		Yes <input type="checkbox"/> No <input type="checkbox"/>
5		Yes <input type="checkbox"/> No <input type="checkbox"/>
6		Yes <input type="checkbox"/> No <input type="checkbox"/>
7		Yes <input type="checkbox"/> No <input type="checkbox"/>
8		Yes <input type="checkbox"/> No <input type="checkbox"/>
9		Yes <input type="checkbox"/> No <input type="checkbox"/>
10		Yes <input type="checkbox"/> No <input type="checkbox"/>
11		Yes <input type="checkbox"/> No <input type="checkbox"/>
12		Yes <input type="checkbox"/> No <input type="checkbox"/>
13		Yes <input type="checkbox"/> No <input type="checkbox"/>
14		Yes <input type="checkbox"/> No <input type="checkbox"/>
15		Yes <input type="checkbox"/> No <input type="checkbox"/>
16		Yes <input type="checkbox"/> No <input type="checkbox"/>
17		Yes <input type="checkbox"/> No <input type="checkbox"/>
18		Yes <input type="checkbox"/> No <input type="checkbox"/>
19		Yes <input type="checkbox"/> No <input type="checkbox"/>
20		Yes <input type="checkbox"/> No <input type="checkbox"/>

Primary Contact Name

Date

Signature



Player Information

Please attach your iqama copy here

Team Name _____

Company Name _____

General Information

First Name _____

Middle Name _____

Last Name _____

_____ Nationality

_____ Iqama / National ID Number

_____ Mobile Phone Number

_____ E-mail Address

_____ Birth Date

_____ Height (cm)

_____ Weight (kgs)

Player Health Information

History of Medical Conditions (Please Specify)

Heart Disease

Diabetes

High Blood Pressure

Other

I certify that the information provided is accurate and free from error or distortion. I have read and hereby agree to abide by The Corporate League's Rules and Regulations. I hereby agree to conduct my behavior in a fair and considerate manner with regards to other participant teams, players and coaches and with regards to The Corporate League officials, management and personnel. I hereby acknowledge that competitive sports may result in physical harm and/or injury and thus release The Corporate League from any responsibility regarding physical harms or injuries that I may experience in the course of the games. I hereby take full responsibility to prepare myself for the matches, attend to any injuries or harms inflicted upon me and to take full responsibility and liability from such physical harms and injuries.

_____ Player Name

_____ Date

_____ Signature