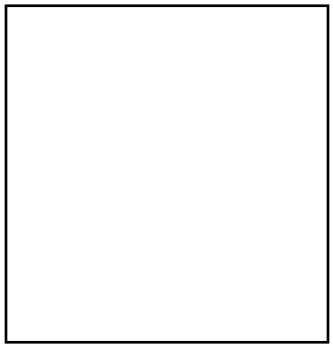
PLAYERS REGISTRATION FORM
2026/27



Player Reg. No :

Name of Player :

Father Name :

CNIC # :

Date of Birth/Place of Birth :

Nature of Disability : Wheelchair User ☐ Non-Wheelchair User ☐

Type of Disability:

Occupation & Qualification:

Marital Status:

Contact No :

Address :

Email ID :

Region Apply for :

Major Playing Interest :

Emergency Contact & Relation :

Name of NGO/DPO If any belongings :

Any Medical Assistance or any other disease (Mention) :

Contd…….

Terms & Conditions

a) *Registration Fees One Time PKR 1000/=*
b) *PWCC will provide playing goods/training stuff at ground during the coaching camp.*
c) *PWCC will provide coaching program certificates, gifts for best players, refreshment during camp and tournament.*
d) *PWCC assures all the players will get fair chance to showcase their talent.*
e) *Registration fee will be submitted along fill registration form with a latest passport size photograph of blue background with white shirt, CNIC copy, Disability certificate copy and parents/guardian CNIC.*
f) *PWCC will provide playing opportunity in their respective regions in different interval of time, the best players will get chance to play at Inter-District, National & International level with two major domestic event the Pakistan Champions League & Quaid e Azam trophy.*
g) *All players will get the registration card by Pakistan wheelchair cricket council*
h) *No player will allow to play without intimation to PWCC, PWCC has the right to release and allow to play on outside events. In case of any violation PWCC will cancel the playing membership and fine for the player and has the right to return all the prizes awards receive by the council to the player.*

Parents/Guardian Declaration

- ❑ *I _____agree by filling and signing this form by the following terms and conditions of PWCC*
- ❑ *I _____ allow to participate in PWCC playing events of wheelchair cricket across the country and training programs.*
- ❑ *I also confirm that my son is fully fit and capable to play wheelchair cricket under the supervision of PWCC.*
- ❑ *I and my son are fully responsible of any mishap God forbid, sport injury during game and camp and any damage happening the organizers, PWCC staff, coaches, will not be responsible for any kind of claims.*

_____ _____

Signature of Parents/Guardian *Player Signature*

For Official Use

_____ _____

Player UID Number *Signature for PWCC*

Official Seal

Email: pak.wheelchair.cricket@gmail.com
Web: www.pwcc-cricket.com.pk