



VOLEYBALL ASSOCIATION OF MALDIVES

V A M - R2

PLAYER REGISTRATION FORM	ID NUMBER <small>(given by VAM)</small>	
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PERSONAL INFORMATION

FULL NAME *	
NATIONALITY *	
PERMANENT ADDRESS	
EMAIL ADDRESS	
Emergency Contact Person/Number	

PHOTO *

(not older than 3 months)

VOLLEYBALL INFORMATION

INDOOR / BEACH / BOTH		SHIRT NO.	
POSITION		SHIRT NAME	
HEIGHT / cm		WEIGHT / kg	
SPIKE / cm		BLOCK / cm	

IDENTIFICATION

ID NO. *	
PP NO. *	
PP Expiry Date *	
D.O.B *	
Tel No. *	
Tel No.	
GENDER *	M / F

VOLLEYBALL CAREER

SCHOOL / COLLEGE	
OR UNIVERSITY	
HOME GROWN CLUB	
OTHER CLUBS	
INTERNATION CAREER	

REGION / ZONE

Atoll	
Island	

** Note: player can add more details on attached sheets if necessary*

PARENT/GUARDIAN'S APPROVAL (Necessary if PLAYER is under 18 years of age) *

I agree all the information given in this form is trues up to my best knowledge

PARENT/GUADIAN'S NAME	
CONTACT NO.	

SIGNATURE *

PLAYER as the Guarantor (Necessary if PLAYER is over 18 years of age) *

I agree all the information given in this form is trues up to my best knowledge

NAME in Full	
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SIGNATURE *

FOR OFFICE USE ONLY

Entered by VAM:	
Date / Time	

SIGNATURE / STAMP

*Note: Marked fields with * must be filled and a copy of the Player ID Card/Passport should be submitted to VAM with the form*