



REF NO: VCFC/DF/25/LETTER- DECLARATION FORM



SOCCER
SCHOOL
THE DREAM OF FOOTBALL

DECLARATION FORM

Declaration by the Player and Parent/Guardian

I, Mr./Master _____, son of Mr./Mrs. _____, residing at _____, hereby declare the following:

1. I have willingly taken admission into the Residential Football Program of Vizag City Football Club Private Limited ("VCFC") for the season _____.
2. I fully understand that I will be residing in the residential facilities provided by VCFC and shall strictly adhere to the residential code of conduct, club regulations, and all guidelines issued by the management.
3. I undertake to:
 - Respect and obey all the instructions issued by the club's officials, coaches, hostel wardens, and administrative staff.
 - Maintain discipline, punctuality, hygiene, and decorum within the residential premises.
 - Avoid involvement in any activities that may harm the reputation, assets, or safety of VCFC and its stakeholders.
 - Strictly refrain from the consumption or possession of alcohol, drugs, tobacco, or any banned substances.
4. I acknowledge that:
 - Any damage caused to club property will be compensated by me/my guardian as assessed by the club authorities.
 - VCFC holds the right to take appropriate disciplinary action, including suspension or termination from the residential program, for any breach of conduct.
 - VCFC is authorized to take emergency medical decisions on my behalf if required, while residing or participating in club activities.
5. I agree that:
 - The residential fee paid to VCFC is non-refundable under any circumstances unless otherwise stated in writing.
 - I shall not hold VCFC responsible for any loss or theft of personal belongings.
6. I hereby give consent to VCFC to use my photographs, videos, and other media recordings for promotional and marketing purposes without any financial compensation.
7. I affirm that:
 - All the personal, medical, and emergency details provided by me at the time of registration are true and accurate to the best of my knowledge.
 - Any concealment of material facts will lead to cancellation of admission without any claim.

Player Details:

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Contact Number: _____
- Email ID: _____

Emergency Contact Details:

- Parent/Guardian Name: _____
- Relationship: _____
- Contact Number: _____
- Alternate Contact (if any): _____



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Declaration and Signature:

I hereby declare that I have read, understood, and agreed to abide by the above terms and conditions.

	Name	Signature	Date
Player	_____	_____	_____
Parent/Guardian	_____	_____	_____

Note:

- The player must affix one recent passport-size photograph with this declaration form.
- The parent/guardian must co-sign if the player is below 18 years of age.

Academy Manager
Authorized Signatory (VCFC)

आप का अभारी/ Yours sincerely
APPROVED BY

वीरमल्ला महेश/ VEERAMALLA MAHESH
मैनेजिंग डायरेक्टर / MANAGING DIRECTOR
विज़ाग सिटी फुटबॉल क्लब प्राइवेट लिमिटेड के लिए /
FOR VIZAG CITY FOOTBALL CLUB PRIVATE LIMITED