Ref. No.: ……

Registration Fee: 5000/-

MCL T20 – PLAYER REGISTRATION FORM

MCL T20 – MMIFF Champions League
"Where Talent Meets Opportunity"

PLAYER REGISTRATION DETAILS

PHOTO

(Paste Recent Passport Size Photo)

1. Personal Information

Full Name: _____

Father's / Guardian's Name: _____

Date of Birth: _____ / _____ / _____ **Age:** _____ **Nationality:** _____

Aadhar No. (Last 4 Digits): _____ Government ID Proof _____ **Blood Group:** _____

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2. Contact Details

Mobile Number: _____ **WhatsApp Number:** _____ **Email ID:** _____

Current Address: _____

_____

City: _____ **State:** _____ **PIN Code:** _____

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3. Cricket Profile

Playing Role:
☐ Batsman
☐ Bowler
☐ All-Rounder
☐ Wicket Keeper

Batting Style:
☐ Right Hand
☐ Left Hand

Bowling Style:
☐ Right Arm Fast
☐ Right Arm Medium
☐ Left Arm Fast
☐ Left Arm Medium
☐ Off Spin
☐ Leg Spin
☐ Other _____

(Player Signature)

Current Team/Club (If Any): _____

Highest Level Played:
☐ School
☐ College
☐ District
☐ State
☐ Corporate
☐ Club Cricket
☐ Other _____

Cricket Achievements:
_____
_____
_____
_____
_____

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4. Fitness & Medical Information

Any Existing Injury?
☐ Yes ☐ No

If Yes, Details:

Any Medical Condition/Allergy?
☐ Yes ☐ No

If Yes, Details:_____

5. Emergency Contact

Name: _____ Relationship: _____ Mobile Number: _____

Alternate Number: _____ Address: _____

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6. Social Media Details (Optional)

Instagram: _____
Facebook: _____
YouTube: _____

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7. Documents Required

☐ Passport Size Photograph
☐ Government ID Proof (Aadhar/PAN/Passport)
☐ Age Proof
☐ Cricket Achievement Certificates (If Applicable)
☐ Fitness Declaration

(Player Signature)

MCL T20 – Player Registration Disclaimer & Declaration

DISCLAIMER

By submitting this registration form, the applicant acknowledges and agrees to the following terms and conditions:

1. Registration does not guarantee selection, participation, auction listing, playing opportunities, sponsorship, employment, or any other commercial engagement in MCL T20.
2. The Organizing Committee of MCL T20 reserves the sole and absolute right to accept, reject, shortlist, suspend, or cancel any application without assigning any reason.
3. All information submitted by the applicant must be true, accurate, and supported by valid documents. Any false, misleading, or incomplete information may result in immediate disqualification and cancellation of registration.
4. The applicant voluntarily participates in trials, practice sessions, matches, promotional activities, media interactions, and other league-related events at their own risk.
5. MCL T20, Mentor & Mascot Indian Film Federation (MMIFF), its affiliates, sponsors, franchise owners, partners, officials, employees, volunteers, and representatives shall not be held liable for any injury, accident, illness, disability, loss, theft, damage, or unforeseen incident occurring before, during, or after participation in any league activity.
6. The applicant grants MCL T20 and MMIFF unrestricted rights to use, publish, broadcast, reproduce, distribute, edit, archive, and promote their name, image, photograph, voice, video footage, performance statistics, interviews, and related content across all media platforms worldwide without additional compensation unless otherwise agreed in writing.
7. The applicant agrees to comply with all league rules, code of conduct, anti-corruption regulations, disciplinary guidelines, safety protocols, and decisions issued by the Organizing Committee from time to time.
8. MCL T20 reserves the right to modify tournament formats, schedules, venues, rules, player categories, auction procedures, and operational policies whenever deemed necessary.
9. Any misconduct, indiscipline, violence, abuse, match-fixing, betting, substance abuse, or actions detrimental to the reputation of MCL T20 may lead to suspension, expulsion, legal action, and permanent blacklisting.
10. Participation in MCL T20 is subject to eligibility verification, age verification, fitness assessment, and document authentication.
11. The applicant understands that MCL T20 is a sports development and talent promotion initiative and that league operations may be supported through sponsorships, franchise partnerships, charitable contributions, and commercial activities.
12. All disputes, if any, shall be subject to the jurisdiction of **New Delhi, India**, and the decision of the MCL T20 Governing Council shall be final and binding, subject to applicable laws.

PLAYER DECLARATION

I hereby certify that all information furnished by me is true and correct to the best of my knowledge. I have read, understood, and agreed to the terms, conditions, rules, regulations, and disclaimer of MCL T20. I voluntarily participate in the league and accept all associated responsibilities and risks.

Player Signature: _____

Date: ____ / ____ / _____

Place: _____

Undertaking For Players below 18 Years of Age

I, the undersigned parent/legal guardian, hereby consent to the participation of my ward in MCL T20 and agree to all terms, conditions, declarations, and disclaimers mentioned above.

Parent/Guardian Name: _____

Relationship: _____

Signature: _____

Mobile Number: _____

Address: _____

Date: ____ / ____ / _____

FOR OFFICE USE ONLY

Registration ID: _____
Player Category: _____

Verification Status:
☐ Approved
☐ Pending
☐ Rejected

Verified By: _____
Remarks: _____

Signature: _____
Date: ____ / ____ / _____
Place: _____

MCL T20 – MMIFF Champions League

Organized By: ***Mentor & Mascot Indian Film Federation (MMIFF)***

Official Registration No.: _____

This format is aligned with common cricket league registration requirements such as player identity verification, eligibility screening, emergency information, and auction/trial participation workflows.

Players Medical Declaration Form
Confidential & Mandatory Fitness Clearance Record

1. Athlete Personal Information

Full Legal Name: _____

Date of Birth: _____ | Blood Group: _____

Cricket Profile: [ ] Batsman [ ] Bowler [ ] All-Rounder [ ] Wicket Keeper

Emergency Contact Name: _____ | Phone: _____

2. Clinical & Medical Screening Questionnaire

Fainted, suffered extreme chest pains, or dizziness during/after exercise?	[ ] Yes	[ ] No
History of sudden cardiac arrest or known heart conditions in family?	[ ] Yes	[ ] No
Suffered a concussion, head injury, or been knocked unconscious?	[ ] Yes	[ ] No
Diagnosed history of Asthma, Diabetes, Epilepsy, or Respiratory conditions?	[ ] Yes	[ ] No
Severe allergies (food, insect stings, latex, or specific medications)?	[ ] Yes	[ ] No
Undergone any major surgical procedures or bone fractures within past year?	[ ] Yes	[ ] No

3. Participant Acknowledgment & Authorization

I hereby certify and declare that the responses provided in this clinical history assessment are full, complete, and true to the absolute best of my knowledge. In the event of an emergency during athletic play, I grant authorized coaching staff permission to administer necessary professional emergency medical services.

Player / Athlete Signature

Date: _____

Parent / Guardian Signature (if Under 18yrs)

Date: _____

4. Official Physician / Medical Clearance

[ ] FIT for full, unrestricted athletic and high-impact sports competition.
[ ] UNFIT / Restricted from competition due to: _____

_____

Medical Practitioner Signature & Lic No.

_____

Clinic / Hospital Stamp