



Please complete and email to [mohd.faris@um.edu.my](mailto:mohd.faris@um.edu.my) by 31 May 2018

University : \_\_\_\_\_

Full Name : \_\_\_\_\_ Gender : M / F

Email Address : \_\_\_\_\_

Student ID : \_\_\_\_\_ Nationality : \_\_\_\_\_

Date of Birth (DD/MM/YYYY) : \_\_\_\_\_

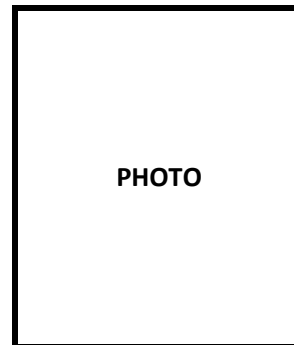
Duration of Stay (DD/MM - DD/MM) : \_\_\_\_\_

Diet\* : Normal / Vegetarian

Emergency Contact Person : \_\_\_\_\_ Contact No. / Email : \_\_\_\_\_

Team / Sports : \_\_\_\_\_

Event(s) :  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_



**The 27th Biennial Intersports Games Organizing Committee Will Not Be Held Responsibility For Any Injuries Or Deaths Of Player During The Games**

**Declaration** : By signing this document, you are hereby confirmed on the lists of names, emails and posts.  
: Informations provided will be held by the 27th BIG Committee Members only.

Please be reminded that this form is only valid with the **Official University Stamp** and representatives's signature.  
By signing this document you are agree to all the rules of the 27th Biennial Intersports Games and acknowledge the penalties of absent from the games.

Name of Player :

Signature of Player :

Date :