



TEAM OFFICIALS' FORM

Please complete and email to 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 : _____

Post : HOD / Team Official / Coach

* Please Circle Where Appropriate

**The 27th Biennial Intersarsity 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 Intersarsity Games and acknowledge
the penalties of absent from the games.

Name of Player :

Signature of Player :

Date :

