

SECTION 1 (Chronological age) - To be filled in by the Players

Age Group - Under 19 (For Full Members U/19 on 1 September year before event; For Associate/Affiliate Members U/20 on 1 September year before event)

PERSONAL DETAILS

Full Name	
Date of Birth	
Age at last birthday	
Country	
Home Address	
Phone No.	
E-mail	

AGE VERIFICATION

PLEASE ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS

	Date of Issue	Date of Expiry	Issuing Authority
Birth Certificate			
Passport			
School Certificate (verifying age group)			
Place of Birth Name of the Hospital			
Father's Name			
Father's Date of Birth			
Mother's Name			
Mother's Date of Birth			
Parents' Date of Marriage			
Brothers/Sisters Date of Birth (in chronological order) Step brothers/sisters not to be included			
Age on 1 September			

Signature Player _____

Date _____

SECTION 2 - To be filled in by Home Board Doctor or Local GP

PHYSIOLOGICAL AGE

Physical Characteristics

Height	cms:	inches:
Weight	kgs:	
Points Protocol Score		
BMI		
Physical Appearance: Ecto/Meso/Endo		

Secondary Characteristics

Voice	
Facial hair	
Age as determined by the Home Board	

Signature Home Board Doctor / Local GP _____

Date _____

SECTION 3- To be completed by Independent Event Doctor if selected for random testing

Physical Characteristics

Height	Cms:	inches
Weight	Kgs:	
Points Protocol Score		
BMI		

Physical Appearance: Ecto/Meso/Endo	
Secondary Characteristics	
Voice	
Facial Hair	
REMARKS	
CONCLUSION	
Signature – Independent Event Doctor _____	Date _____