

NIGERIA MINIFOOTBALL  
LEAGUE

REGISTRATION MATERIALS

AND

MATCH FORMS

FOR

2018/2019 LEAGUE SEASON



# Nigeria Minifootball League

NATIONAL SECRETARIAT

House 4, Rd 14, Off 1<sup>st</sup> Avenue, Gwarimpa Estate Abuja-FCT.

E-mail: [info@minifootballnigeria.com](mailto:info@minifootballnigeria.com) minifootballnigeria@gmail.com

Website: [www.minifootballnigeria.com](http://www.minifootballnigeria.com)

## FORM 1

STATE: .....

ADDRESS: .....

.....

.....

DATE.....

The Secretary  
Nigeria Minifootball League  
Federal Capital territory  
Abuja.

### APPLICATION FOR ENGAGEMENT 2018/2019 PROFESSIONAL LEAGUE

Dear Sir,

We bring to your knowledge that our association wishes to engage its club in the 2018/2019 NML league.

Name of the Club.....

We are enclosing the following forms:

- Colours of the Club
- Players Registration Forms
- Players Contract Forms
- Undertaking Form
- Ground Form
- Payment of Participation/Registration/Affiliation fees
- Debt Clearance Form

**NAME AND STAMP OF THE STATE M A**



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## FORM 2

State.....

Address.....

Date.....

The Secretary  
Nigeria Minifootball League  
Federal Capital territory  
Abuja.

Dear Sir,

### 2018/2019 COLOUR OF OUR CLUB MINIFOOTBALL LEAGUE

Please find hereafter the colour of our team:

Name of club.....

Taking part in 2018/2019 MINIFOOTBALL LEAGUE

We take the engagement to send a copy of the association of the opponent club, as soon as they are known.

**1st Choice**

**2nd Choice**

**3rd Choice**

SHIRTS.....

.....

.....

SHORTS.....

.....

.....

HOSE.....

.....

.....

YOURS FAITHFULLY

**Club Chairman**

**Club Secretary**



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## FORM 3

State.....  
Address.....  
Date.....

**The Secretary  
Nigeria Minifootball League  
Federal Capital territory  
Abuja.**

Dear Sir,

### 2018/2019 MINIFOOTBALL GROUND (ARENA)

**THE STATE ASSOCIATION  
OF**.....

Inform the league that its representative at the 2018/2019 MINIFOOTBALL LEAGUE CLUB

**(NAME OF  
CLUB)**.....

Will play its matches on the Minifootball **Ground  
(Arena)**.....

The arena is in the city (Name of the City).....

The Arena offers the following facilities:

Capacity : .....

Kind of Grass : Natural grass  
Artificial grass  
No grass at all

Security Fences: Name.....

Height.....

Surrounding the entire stand?

Yes.....No.....

Press Tribune : If any-kindly indicate the facilities offered to the press.....

Floodlight : If the stadium has floodlight, please indicate capacity.....

Dressing Room: .....

OTHER

FACILITIES.....

NB: All matches will be played on Natural Grass or astro-turf Grounds

**CLUB SECRETARY/CHAIRMAN**

**SECRETARY: STATE MINIFOOTBALL  
ASSOCIATION**



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## FORM 4

### DEBT CLEARANCE FORM

**This is to certify**

That .....

Has settled all its outstanding financial claims for 2018/2019 season.

Sign.....

Date:.....

**Secretary, NML**  
**SIGNATURE**



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## FORM 5

State.....  
Address.....  
Date.....

**The Secretary  
Nigeria Minifootball League  
Federal Capital territory  
Abuja.**

Dear Sir,

### UNDERTAKING

We wish to inform you that our club wishes to participate in 2018/2019 minifootball league competition

on the following conditions:

- (1) That we acknowledge that the facts the game of minifootball is Voluntary.
- (2) That our minifootball club hereby volunteers automatically to abide by the league's statutes.  
Regulation governing the 2018/2019 Minifootball League Competition as well as forth with accept the responsibility to respect those statues/regulations and to ensure they are complied with accordingly.
- (3) That all clubs are not allowed to contest any decision pronounced by the league board and its standing committees at any civil court, and club members/players shall refrain from doing so except in football jurisdiction. This in conformity with the relevant Articles of MAN and WMF statutes.
- (4) That we voluntarily agreed to renounce our rights to litigate over minifootball matters as defined in the 2018/2019 Minifootball league rules.
- (5) That if we should violate this undertaken herein. we shall automatically be deemed to have voluntarily withdrawn our membership/Affiliation to Nigeria Minifootball League and will not be eligible for readmission until the court case is disposed of.  
We have accepted that if we decide to do otherwise, our club shall automatically be suspended from all league/MAN organized competition, matches and activities.

**SECRETARY/ CHAIRMAN  
NAME/SIGNATURE**

**SECRETARY STATE  
MINIFOOTBALLASSOCIATION  
NAME/ SIGNATURE**

MINIFOOTBALL LEAGUE CLUB  
Date.....

Date.....



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## 2018/2019 PLAYERS' REGISTRATION FORM

### PERSONAL INFORMATION

SURNAME.....  
 FIRST NAME..... OTHER NAMES .....  
 DATE OF BIRTH..... PLACE OF BIRTH .....  
 NATIONALITY.....  
 STATE OF ORIGIN.....  
 RESIDENTIAL ADDRESS.....  
 PERMANENT ADDRESS.....  
 NEXT OF KIN..... RELATIONSHIP .....

### CLUB RECORD

NAME OF EMPLOYER (CLUB) .....  
 ADDRESS OF EMPLOYER.....  
 CLUB.....  
 DATE OF JOINING THE CLUB.....  
 PERIOD OF CONTRACT.....  
 EXPIRING DATE OF CONTRACT.....  
 PLAYERS' PLAYING POSITION .....  
 PLAYERS REGISTERED JERSEY NUMBER.....

NAME OF LAST CLUB.....  
 DATE OF LEAVING THE LAST CLUB.....  
 REASON OF LEAVING THE LAST CLUB.....

.....  
**PLAYERS SIGNATURE**

I .....The Undersigned Declare that the Information Given Above Is Correct And Shall Be Liable If Proved Otherwise.

\_\_\_\_\_  
SIGNATURE & STAMP OF CLUBS

\_\_\_\_\_  
SECRETARY/TEAM MANAGER

### FOR OFFICE USE ONLY

ACCEPTED.....  
 REJECTED.....  
 SUSPENDED.....

DATE:.....

SECRETARY



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## CLUB AND PLAYERS CONTRACT AGREEMENT

A. The player's employment with the club began on the .....

B. No employment with previous employer shall count as part of the player's continuous period of employment hereunder

### C. BASIC SALARY.

N.....per month.....to.....

N.....per month.....to.....

### D. Any other provisions

a) .....

b) .....

c) **BASIC SALARY (in words)**.....

Signed by the said.....

(Name player)

(Signature Player)

And .....

(Club) (Club Signatory)

**E. Did the Player use the services of an Intermediary** .....Yes/No?

If yes, Name of Intermediary: .....

Signature of Intermediary.....

**Did the Club use the services of an Intermediary** .....Yes/No?

If yes, Name of Intermediary:

.....

Signature of Intermediary: .....

**Date of this Agreement:**.....





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**Proof signed by.....That there is  
no TPO of the player's economic rights**

Players Name.....

Date of Birth.....

Nationality.....

By this declaration, I confirm that my club has not entered into an agreement with a third party, (defined as any party, other than the two clubs registering the player or any previous club with which the player has been registered), regarding the above-named player's economic rights.

**Signed: (CLUB OFFICIAL)**

.....

**Name:**

**Date:**



## OBSERVATIONS OF THE REFEREE

### MARKS

1. EXTREMELY BAD    2. VERY BAD    3. BAD    4. UNSATISFACTORY    5. SATISFACTORY  
 6. AVERAGE    7. GOOD    8. VERY GOOD    9. EXCELLENT    10. OPTIMUM

### A. PERSONAL QUALITIES

*DECIDED.. UNDECIDED...ANNIOU INFLUENCED BY GENERAL*

#### A1. PERSONALITY

*PUBLIC IN CASE OF DIFFICULTIES INFLUENCED BY PLAYERS IMPARTIAL*

1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	----	--

#### A2. FITNESS

*SLOW OR FAST TO FOLLOW THE GAME (SPEED) GOOD OR WEAK STAMINA*

1	2	3	4	5	6	7	8	9	10	X2	
---	---	---	---	---	---	---	---	---	----	----	--

## B REFEREEING ABILITY

#### B1 INTERPRETATION AND APPLICATION OF THE LAWS

*APPLICATION OF THE SPIRIT OF THE LAWS OF THE GAME DISTINCTION BETWEEN DELIBERATE AND UNINTENTIONAL PLAY AND ADVANTAGE RULE*

1	2	3	4	5	6	7	8	9	10	X3	
---	---	---	---	---	---	---	---	---	----	----	--

#### B2 PERFORMANCE OF HIS DUTIES

*ATTENTIVE TO DETAILS DIAGONAL SYSTEMS CO-OPERATION WITH ASSISTANT REFEREES CLEAR DECISIONS USE OF THE WHISTLE CLEAR SIGNALS TIMING*

1	2	3	4	5	6	7	8	9	10	X2	
---	---	---	---	---	---	---	---	---	----	----	--

#### B3 DISCIPLINE AND CONTROL

*INCORRECT CONDUCT OR MOLENCE CAUTIONS AND EXPULSIONS*

1	2	3	4	5	6	7	8	9	10	X2	
---	---	---	---	---	---	---	---	---	----	----	--

TOTAL NUMBER OF MARKS (A1+A2+B1+B2+B3) DIVIDED BY 10

FINAL MARK






**GENERAL REMARKS:**

**INCLUDING CAUTIONS, DISMISSALS, INCIDENTS CONNECTED WITH THE MATCH, BEFORE OR AFTER THE MATCH OR DURING THE HALF TIME, ETC REFEREE MAY USE A SEPARATE SHEET IF NEED BE)**

**SCORES**.....  
**(HOME TEAM FIRST)**

**NAME:**.....  
**SIGNATURE OF REFEREE**.....  
**ADDRESS**.....  
.....



**OFFICIALS SITTING ON THE RESERVE BENCH**

	NAME	POST	NAME	POST
7				
8				
9				
10				
11				

NAME .....

NAME .....

SIGNATURE OF

SIGNATURE OF

REPRESENTATIVE .....

REPRESENTATIVE .....

16.

**SUBSTITUTIONS**

NO OUT	NAME	NO IN	NAME	TIME	NO OUT	NAME	NO IN	NAME	TIME

17.

**NAME OF SCORERS/TIME**

	HOME TEAM	NO.	TIME	HOME TEAM	NO.	TIME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

18.

**CAUSIONS**

	NAME OF PLAYER	NO.	TIME	NAME OF PLAYER	NO.	TIME
1						
2						
3						
4						

19.

**EXPULSIONS**

	NAME OF PLAYER	NO.	TIME	NAME OF PLAYER	NO.	TIME
1						
2						



**MEDICAL**

**(FORM A2)**

	Association	Home Team	Away Team
Doctor			
Nurse(s)			
Masscure(s)			
Ambulance			
Stretcher			
Video Recording			

**COMMENTS**

1. HOME TEAM

.....  
 .....

2. AWAY TEAM

.....  
 .....

3. REFEREES

.....  
 .....

4. F.A

.....  
 .....

5. M.C.

.....  
 .....

**SIGNATORIES**

.....  
 ASSOCIATION SECRETARY

.....  
 MATCH COMMISSIONER

.....  
 TEAM MANAGER (HOME TEAM)

.....  
 TEAM MANAGER (AWAY TEAM)

.....  
 SECURITY COORDINATOR

.....  
 (CENTRE REFEREE)



4. OBSERVATIONS OF THE ASSISTANT REFEREES

*ASSESSMENT CRITERIA*

Personality (10) fitness Behaviours (10) Positioning (20), signals (10), Appreciation of Off side Positions (30)  
 cooperation with referee (20) *Final mark divided by to*

<b>OBSERVATIONS OF THE FIRST ASSISTANT REFEREE</b>					
UNSATISFACTORY	SATISFACTORY	AVERAGE	GOOD	VERY GOOD	
4	5	6	7	8	
<b>FINAL MARK</b>					
<b>OBSERVATIONS OF THE SECOND ASSISTANT REFEREE</b>					
UNSATISFACTORY	SATISFACTORY	AVERAGE	GOOD	VERY GOOD	
4	5	6	7	8	
<b>FINAL MARK</b>					
<b>OBSERVATIONS OF THE RESERVE REFEREE</b>					
<i>Rating on performance of the Duties of Fourth Official</i>					
UNSATISFACTORY	SATISFACTORY	AVERAGE	GOOD	VERY GOOD	
4	5	6	7	8	
<b>FINAL MARK</b>					

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TO THE RETURNED IN AN ENVELOPE MARKED (CONFIDENTIAL) TO:





## 2018/2019 NIGERIA MINIFOOTBALL LEAGUE PREMATCH ATTENDANCE FORM

NAME OF TEAM.....

TIME.....

VENUE..... DATE.....

S/N	NAMES OF REPS	CLUB/ORGANIZATION	STATUS	PHONE	SIGN
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

