

SINDHUDURG DSISTRICT AQUATIC ASSOCIATION

8th OPEN SEA SWIMMING COMPETITION 2017

ENTRY FORM

DATE OF RACE **SUNDAY, 17th DECEMBER, 2017.**
ENTRY FEES **Rs. 800/- per participant till 4th DEC.15**
ENTRY FEES **Rs. 900/- after 4th to 12th Dec, 2017**
LAST DATE OF RECIEPT OF ENTRIES..... 4th DECEMBER 2017

GROUP	CATEGORY	BOYS / MEN	GIRLS/ WOMEN	AGE GROUP	DISTANCE	DATE OF BORN
Special Group		Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	6 to 7 years	(500 Mtrs.)	2011-2010
Group I		Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	8 to 10 years	(1 K.M.)	2008-2007
Group II		Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	11 to 12 years	(2 K.M.)	2006-2005
Group III		Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	13 to 15years	(3 K.M.)	2004-2002
Group IV	Youth	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	16 to 18 years	(5 K.M.)	2001-1999
Group V	Youth	Boys <input type="checkbox"/>	Girls <input type="checkbox"/>	19 to 25 years	(5 K.M.)	1998-1992
Group VI		Men <input type="checkbox"/>	Women <input type="checkbox"/>	26 to 35 years	(3 K.M.)	1991-1982
Group VII		Men <input type="checkbox"/>	Women <input type="checkbox"/>	36 to 45 years	(3 K.M.)	1981-1972
Group VIII	Senior	Men <input type="checkbox"/>	Women <input type="checkbox"/>	46 to 55 years	(3 K.M.)	1971-1962
Group IX	Open	Men <input type="checkbox"/>	Women <input type="checkbox"/>	56 & above	(2 K.M.)	1961 & BEFORE
Group X	Handicapped	Male <input type="checkbox"/>	Women <input type="checkbox"/>	Open	(2 K.M.)	

Name in (Block Letter) Master / Ms. / Mr. / Mrs. _____

Address: _____

Date of Birth : _____ Tel. No. _____ E-mail : _____

Name of the District Swimming Association : _____

We certify that this participant can swim for minimum 1 hour without any help or Support.

Name & Signature of the COACH

Tel./Mob. No. : _____

Email ID : _____

(Name, Signature of Secretary and

Seal of the District Association)

Email ID : _____

CONFIRMATION OF DATE OF BIRTH

This is to certify that Master / Miss _____ is a bonafide student of our school/college/institution, studying in _____. His/Her date of Birth as per our records is ____/____/_____.

Date : _____.

(Name, Signature of principal and Seal of the Institution.)

Important Note

Participant whose age is above 18 years will have to produce their original proof for Date of Birth compulsorily.

MEDICAL CERTIFICATE

This is to certify that I have examined Master / Miss. / Mr. / Mrs. _____ and hereby confirm that he/ she is mentally and physically fit to participate in swimming race conducted Sindhudurg District Aquatic Association as per any knowledge.

Date : _____.

(Doctor's Name, Signature, Stamp & Regn. No.)

INDEMINITY BOND

I Master / Miss. / Mr. / Mrs. _____

will be participating in the 500 Mtr/1/2/3/5 Km open Sea Swimming Competition event being organized by Sindhudurg District Aquatic Association under Auspicious of Maharashtra State Amateur Aquatic Association in the Arabian Sea at Malvan, Sindhudurg on Sunday, 17th December, 2017 between 7.00 Am and 12.00 noon.

I hereby state / declare that I am participating in this event at my own risk and consequences and therefore I will not hold anyone else (Organization, Institution or Individuals) responsible in any manner, in case of an injury, accident including temporary / permanent disablement or loss of life which may occur during or after the above swimming event.

Date:

Parent Signature in case of minor

Competitor's Signature

Witness Signature _____

Witness Signature _____

Full Name _____

Full Name _____

Address _____

Address _____

Contact No. _____

Contact No. _____