

4th INDO-NEPAL GAMES-2019Organized By: Nepal Youth Sports Development Forum, Sidhartha Sports Nepal,
SSCAF INDIA & Indian Rural Olympic Association**REGISTRATION FORM (PART-1)**

STATE/COUNTRY		TEAM IN-CHARGE/COARCH	
GAME		AGE GROUP (U-14/17/19)	
BOYS/GIRLS		TRACK SUIT SIZE	

Note: PLEASE FILL ALL DETAILS IN CAPITAL LETTERS

1. Name of the Participant:
2. Father's Name:
3. Mother's Name:
4. Date of Birth:
5. Age as on 31/12/2019: Yrs.....Months:Days
6. Address:
..... Pin Code:
7. Adhar Card No.
7. Email: Phone No.:
8. Name of School:
..... Pin Code:
9. Class:Roll No.: Admission No.:

**PASTE THE
CURRENT
PHOTOGRAPH
OF THE PLAYER**

(Note: Attach the attested copy of Adhar Card/Bonafied Certificate/10th Class Certificate & School I-card along with this form)

Declaration:

I, hereby declare that the details/Information given by me in this registration form are true and correct to the best of my knowledge . My registration will be cancelled and fee will not be refunded if anything found wrong.

Signature of the player

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REGISTRATION FORM (PART-2)

N.O.C. BY PARENTS

I, Mr./Mrs. parents of

Resident of

Allow my/our son/daughter to participate in 4th INDO-NEPAL GAMES-2019 to be held at Pokhra, Nepal from 25th to 27th November, 2019. We hereby declare that

1. My son/daughter is medically fit & not undergone through any major or minor surgery during last 2 years.
2. Association/officials/coach etc will not be responsible for any accident or injury during games and transportation.
3. the association or organizer will only provide first aid in case of emergency. I will not claim any medical bill or services to them.
4. my ward will follow the rules and regulation of the organizing committee and obey his coach.

Signature of Mother

Mother's Name:

Phone No.

Father's Signature

Father's Name:

Phone No.

APPROVAL BY STATE SECRETARY

I., hereby declared that I approve Mr./Miss
for participation in Indian team in 4th INDO-NEPAL GAMES-
2019 at Pokhra Nepal from 25th to 27th Nov., 2019. I have checked all the details &
documents and found everything correct. He/she is eligible for participation.

Signature of Secretary/Coach

Name of the Secretary:

State:

Phone No.

