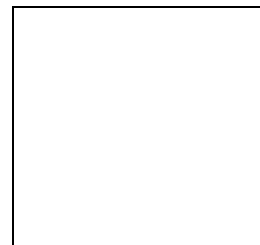


**GOVERNMENT OF INDIA  
UNION TERRITORY OF DAMAN & DIU  
DEPARTMENT OF SPORTS, DAMAN  
REGISTRATION FORM FOR SPORTS/GAMES/COACHING/PARTICIPATION IN**



Sir,

**Blood Group:** \_\_\_\_\_

My Name may please be Registered / Considered for the Regular Coaching/Training/Participation in the Morning/Evening Session Time \_\_\_\_\_ to \_\_\_\_\_ and Participation in \_\_\_\_\_ to Represent Daman & Diu.

My brief Bio-Data is as under:-

1. Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(In Block Letters)
2. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_
3. Local Address: \_\_\_\_\_  
\_\_\_\_\_
4. Mobile No: \_\_\_\_\_ Tele. Res./Office: \_\_\_\_\_
5. Name of the School: \_\_\_\_\_ Class & Section: \_\_\_\_\_

**DECLARATION BY THE PARENT / GUARDIAN**

I \_\_\_\_\_ Father/Mother/Guardian of \_\_\_\_\_

hereby give consent that my Son/Daughter as named above may be admitted for daily Coaching/Training/Participation \_\_\_\_\_

Injuries sustained during Coaching/Training/Participation shall be at my own risk.

My Son/Daughter is allergic to \_\_\_\_\_ (Pl. Write Nil if not applicable).

I also agree to Pay Registration Fees/Monthly Fees if any well in advance.

Signature of Mother/Father/Guardian  
Contact No. \_\_\_\_\_ (Mob.)  
Tele. Office/Business \_\_\_\_\_

**DECLARATION BY THE TRAINEE**

I \_\_\_\_\_ Son/Daughter of \_\_\_\_\_

hereby agree to abide by the Rules and Regulations laid by the Sports Department/Organizing Committee of \_\_\_\_\_ -- \_\_\_\_\_.

Signature of Trainee  
&  
Full Name in Block Letters

Counter Signature by Mother/Father/Guardian:-

Place:-

Dated:-

Note: - Please Submit Physical Fitness Certificate duly signed by Registered Doctor.

(Admitted/Not-Admitted)

Seal & Signature: