



## REGISTRATION / CONSENT FORM

(Athlete, Coach, Manager, Technical Officials)

**FILL IN CAPITAL LETTERS**

<b>APPLICANT NAME</b>	
FATHER'S/MOTHER'S NAME	
DATE OF BIRTH	
AGE/GENDER	
COMPLETE ADDRESS	
CITY/ STATE	
PHONE/ MOBILE	
ACADEMY/ ORGANISATION	
SPORT/ DISCIPLINE	
EVENT/ CATEGORY	
TRACKSUIT/ T-SHRITS SIZE	
MEDICAL FITNESS CERTIFICATE	
EPATITIS-B, HIV, RT PCR REPORT	
VACCINE CERTIFICATE	
ATHLETE/ COACH/ JUDGE/ REFEREE	
FEE DETAILS	
<p><b>DECLARATION:</b> I/We understand and agreed with the Rules and Regulations of the Organising Committee of National Martial Arts Games and National Martial Arts Committee India.</p> <p><b>OATH:</b> I/We undertake that the Organiser and the Committee will not be responsible for any injury caused during the game of the Contest, before or after the journey and for any untoward incident of any kind.</p>	
APPLICANT SIGNATURE	
PARENTS SIGNATURE	
COACH/ MANAGER SIGNATURE	
PLACE & DATE	
<b>FOR OFFICE USE ONLY</b>	
REGISTRATION NO	
DATE OF REGISTRATION	
OFFICIAL SIGNATURE	



**TEAM ENTRY FORM – ATHLETES & OFFICIALS**

STATE/ ASSOCIATION NAME	TEAM COACH/ MANAGER NAME
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S.No.	Name	Sex/Age	Sports	Events	Category	T-Size
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
<b>Total Fee Details</b>						

Please Include Players, Team Coach/Manager/Officials Name and send us with Payment Slip by email to [infonmacindia@gmail.com](mailto:infonmacindia@gmail.com)

Team Coach/ Manager Signature \_\_\_\_\_ Date \_\_\_\_\_