

Directorate of Physical Education and Sports, Pondicherry University

SUMMER ATHLETICS COACHING CAMP 2013

ENTRY FORM FOR PARTICIPANT

Date of Summer Camp 2013:

Please Tick () the respective box as per your category.

1. Gender: M F

2. Name in BLOCK CAPITAL Letters (Master/Miss): _____
School / College _____

3. Name of Parent / Guardian: _____

4. Relation with Guardian (if not the Parent): _____

5. Address: _____

Pin _____ Phone: _____

6. Date of Birth (DD/MM/YEAR): /.../...., Age: _____ years _____ months.

7. Profession / Service: _____

8. If participated in summer camps before or attended any coaching camp, mention year: _____

9. Best two achievements if any with documentary evidence: _____

I, the undersigned, certify that the above mentioned particulars are correct to the best of my knowledge and my son/daughter are medically fit for the physical activities required for the said camp.

Date: ___/___/___

Place:

Parent's Signature

Participants Signature

- Please attach 'Proof of Age' and 'Certificate of Medical Fitness (signed by a valid medical practitioner)' with the entry form.

WAIVER OF LIABILITY

In consideration of my son/daughter's participation in any speed and athletic training program, and keeping in mind the nature of the activity, I assure you that my Minor child is in good health and in proper physical condition to participate in such activities.

I hereby accept the terms and conditions under which the Pondicherry University Athletic Development Program is being conducted and undertake not to hold the Pondicherry University its officers or the coaches in the programme responsible for any injuries that may occur.

SIGNATURE OF PARENT OR LEGAL GUARDIAN