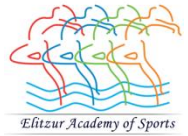


ELITZUR ACADEMY OF SPORTS, HOSUR
MASTERS ATHLETIC MEET-2020 REGISTRATION FORM



Name : _____

Gender : _____

Mobile Number : _____

Date of Birth : _____

Age Category : 30-35 / 36-40 / 41-45 / 46-50 / 51-55 / 56-60 / 61-65

Participating Events: _____

Rules & Regulations:

- ✧ Age proof document photocopy should be submitted before the event day.
- ✧ One participant can participate in any number of Events
- ✧ Entry Fee Each Event Rs: 25- / & Relay Per team Rs: 100- /.
- ✧ Point system: 1st - 7 Points, 2nd - 5 Points, 3rd - 3 Point 4th - 1 Point
- ✧ Athlete scoring total maximum points gets an Individual championship.
- ✧ Relay Teams combination of 2 categories - 30-40 / 41-50 / 51-65
 - 30-40 = Adding 4 Participants age should be more than 140
 - 41-50 = Adding 4 Participants age should be more than 180
 - 51-65 = Adding 4 Participants age should be more than 220

Consent Form

I _____, hereby acknowledge that I have been properly advised, cautioned, and warned by the Elitzur Academy personnel that by participating in Masters Athletic Meet, I am exposing myself to the risk of injuries, ranging from minor to severe. I realize that injury could result in a temporary or permanent impairment, I understand that coach instruction, protective equipment and medical care provided does not prevent or eliminate the risk of injury. Organizers, Officials, Sponsors and Volunteers are not responsible for any injury during the event. Having been so cautioned and warned, it is still my desire to participate in athletic activities. I acknowledge that I do so with full knowledge and understanding of the risk of injury to which I am exposing myself.

Signature