

Swimming Federation of India
2nd SFI National Open Water Swimming Championship
VV Sagara, Chitradurga.
9th & 10th February 2019

Individual Registration Form

To be completed by all competitors.

Surname _____

Given Name _____

Address _____

City/Town _____ Pin Code _____

Phone No. _____ Fax No. _____

'E' Mail ID No. _____

Sex :- Male/Female; Date of Birth Day _____ Month _____ Year _____

Age as 31st **December 2019** _____ Years.

Warning : Only well prepared and medically fit competitors should enter the National Open Water Swimming Championship.

1. I wish to compete in the **2nd SFI National Open Water Swimming Championship** as per rules which abide them.

2. I hereby affirm and declare as follows:-

- (a) I do not suffer from any illness or other health condition that may be aggravated or lead to all consequences by participation in any of the said Swimming/Diving events;
- (b) I am otherwise in good health and I am fit to participate in the said Swimming events;
- (c) I fully understand the possible risks of injury including serious injury or even death which are associated with participation in the said Swimming events;
- (d) As I take part in the said Swimming events in good health & fitness with full understanding of the risks involved, any and every liability/responsibility arising out of any accident that may result in injury, disability (whether temporary or permanent and whether partial or total) or death shall be mine and mine alone and I will have no recourse to make any claim in this regard on the organizers of the events, State association venue owners, sponsors or any other persons associated with the event in any manner whatsoever.

3. I further affirm that I have signed this declaration on my own free will.

Date: _____

Signature of Competitor _____ Signature Parent (for minors only) _____

Please return this Registration form along with Entry form on or before 30th January 2019 to
The Hon' Secretary, Karnataka Swimming Association. H. No. 2132, III Main Road, R. P. C. Layout
Vijay Nagar, II Stage BANGALORE - 560 040

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Open Water Swimming ENTRY FORM

Name _____

Given Name _____

Age Group _____

Events

Please (X) against
the event for entry

1Km Group 3/ Master Category _____

2.5km Masters Category _____

5km Group 2 Category _____

7.5km Group 1 Category _____

10km Open Category _____

4 x 1.25 km Mixed Relay _____

4 x 1.25 km Mixed Relay _____

Date :- _____

Signature of Competitor _____

Seal & Signature of the Affiliated Unit.

Please return this Entry Form on or before 30th January 2019.

To, The Org Secretary, Karnataka Swimming Association, H. No. 2132, III Main Road, R. P. C. Layout
Vijay Nagar, II Stage BANGALORE - 560 040