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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INDIVIDUAL ENTRY FORM(Mark “✓” in the appropriate boxes) | | | | | | | | | | | | | | | | | | | |
| Boy | |  | Weight | | | | | Weight Category | | | | | | | | | | Photo | |
| Girl | |  |  | | | | |  | | | | | | | | | |
| FILL IN CAPITAL LETTERS ONLY | | | | | | | | | | | | | | | | | |
| Name | | | | | | |  | | | | | | | | | | |
| Date of Birth | | | | | | |  | | | | | | Age |  | | | |
| Parent / Guardian Name | | | | | | |  | | | | | | | | | | | | |
| NAME OF COACH | | | | | | |  | | | | | | | | | | | | |
| Address | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| State/Organization | | | | | | |  | | | | | | | | | | | | |
| Copy Of Corporation / Municipal Birth Certificate & TFI ID card Should Be Enclosed Compulsorily.(Original Birth Certificate & TFI Id Card should be shown at the Time of Weigh-In). | | | | | | | | | | | | | | | | | | | |
| Present Belt Grade | | | | | |  | | | | | TFI ID card No. | | | | |  | | | |
| Academic Qualification | | | | | |  | | | | | Name of the School/College | | | | |  | | | |
|  | | | | | |  | | | | |  | | | | |  | | | |
| DECLARATION  I, the undersigned do hereby solemnly affirm, declare and confirm for myself, my heirs, executors & administrators that I indemnify the Promoters/ Organizers / Sponsors & its Members, Officials, Participants etc., holding myself personally responsible for all damages, injuries of accidents, claims, demands etc., waiving all prerogative rights, whatsoever related to the above set forth event. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | |  | | | | | | | |
| Signature  Parent / Guardian. | | | | | | | | | |  | | Signature  Participant | | | | | | | |
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|  | Signature of President &Secretary / Incharge  State Association / Central Organization with stamp | | | | | | | | | | | | | | | | | |  |
| **WEIGH-IN** | | | | **1ST CHANCE** | | | | | **2ND CHANCE** | | | | | | **3RD CHANCE** | | | | |
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