

WYSF INDIA YOG SPORTS FEDERATION
ENTRY FORM FOR TEAM CHAMPIONSHIP
10th NATIONAL YOG SPORTS CHAMPIONSHIP
20th to 22th MARCH 2025, SURAT (GJ)

- ❖ Form should be filled in **ENGLISH** only.
- ❖ Use **CAPITAL LETTERS** only, throughout the entry form.

Name of Unit/Invitee: _____

Date: _____ Total Participants: _____ Male/Female: _____

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Mini</u> <u>Above 06</u> <u>to 10 Yr.</u>			
2.				
3.				
4.				
5.				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Sub Junior</u> <u>Above 10</u> <u>to 14 Yr.</u>			
2.				
3.				
4.				
5.				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Junior</u> <u>Above 14</u> <u>to 18 Yr.</u>			
2.				
3.				
4.				
5.				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Senior</u> <u>Above 18</u> <u>to 30 Yr.</u>			
2.				
3.				
4.				
5.				

Name of the Coach: _____ Mob. No.: _____

Name of the Manager: _____ Mob. No.: _____

Signature of Unit Secretary with seal

WYSF INDIA YOG SPORTS FEDERATION
ENTRY FORM FOR INDIVIDUAL COMPETITION
10th NATIONAL YOG SPORTS CHAMPIONSHIP
20th to 22th MARCH 2025, SURAT (GJ)

- ❖ Form should be filled in **ENGLISH** only.
- ❖ Use **CAPITAL LETTERS** only, throughout the entry form.

Name of Unit/Invitee: _____

Date: _____ Total Participants: _____ Male/Female: _____

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Mini</u>			
2.	<u>Above 06</u>			
3.	<u>to 10 Yr.</u>			

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Sub Junior</u>			
2.	<u>Above 10</u>			
3.	<u>to 14 Yr.</u>			

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Junior</u>			
2.	<u>Above 14</u>			
3.	<u>to 18 Yr.</u>			

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	<u>Senior</u>			
2.	<u>Above 18</u>			
3.	<u>to 30 Yr.</u>			

Name of the Coach: _____ Mob. No.: _____

Name of the Manager: _____ Mob. No.: _____

Signature of Unit Secretary with seal

WYSF INDIA YOG SPORTS FEDERATION
APPLICATION FORM FOR PLAYER REGISTRATION
10th NATIONAL YOG SPORTS CHAMPIONSHIP
20th to 22th MARCH 2025, SURAT (GJ)

- ❖ Form should be filled in **ENGLISH** only.
- ❖ Use **CAPITAL LETTERS** only, throughout the entry form.
- ❖ Attach Photo Copy of **AADHAAR CARD** and **2 PHOTOS** (3.5x4.5 cm).

Paste photo and
verify from
Secretary/HOD of
Institution/ Dept.

1. State/Unit : _____
2. Age Group : Mini/Sub Junior/Junior/Senior
3. Category : Male/Female
4. Event : Team/Individual
5. Name : _____
6. S/o, D/o, W/o : _____
7. Date of Birth : _____
8. Full Residential Add. : _____
: _____
9. Contact No. : _____
10. Email Address : _____
11. Aadhaar Card No. : _____
12. Passport No. : _____ : Place of Issue : _____
Date of Issue: _____ : Date of Expiry: _____

DECLARATION

I agree that I participate (and my parent/guardian agrees that I participate) in the Yog Sports at my own risk and fully responsible for any type of accidental, physical, financial or loss incurred during the Training/Championship/Competition or Tour (Included Journey Period) and I have read, understood, acknowledge and agree to the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation including the warning, exclusion of implied terms, release and indemnity. **For competitors under the age of 18 year a parent or guardian must also sign this declaration.**

Date: _____

Place: _____ Signature of Applicant Signature of Parents/Guardians

DECLARATION

I hereby declare that the information given above is true and Player who are representing our Unit. I have carefully read and accepted the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation.

Signature of Unit Secretary with seal

For office use only

Sr. No:

Reg. No:

I card No:

Certificate No:

WYSF INDIA YOG SPORTS FEDERATION
APPLICATION FORM FOR COACH/MANAGER REGISTRATION
10th NATIONAL YOG SPORTS CHAMPIONSHIP
20th to 22th MARCH 2025, SURAT (GJ)

- ❖ Form should be filled in **ENGLISH** only.
- ❖ Use **CAPITAL LETTERS** only, throughout the application form.
- ❖ Attach Photo Copy of **AADHAAR CARD** and **2 PHOTOS** (3.5x4.5 cm).
- ❖ (M) Male Team, (F) Female Team.

Paste photo and
verify from
Secretary/HOD of
Institution/ Dept.

1. State/Unit : _____
2. Designation : Coach(M)/Coach(F)/Manager
3. Gender : Male/Female
4. Name : _____
5. S/o, D/o, W/o : _____
6. Date of Birth : _____
7. Full Residential Add. : _____
: _____
8. Contact No. : _____
9. Email Address : _____
10. Aadhaar Card No. : _____
11. Passport No. : _____ : Place of Issue : _____
Date of Issue: _____ : Date of Expiry: _____

DECLARATION

I agree that I participate in the Yog Sports at my own risk and fully responsible for any type of accidental, physical, financial or loss incurred during the Training/Championship/Competition or Tour (Included Journey Period) and I have read, understood, acknowledge and agree to the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation including the warning, exclusion of implied terms, release and indemnity.

Date: _____

Place: _____

Signature of Applicant

DECLARATION

I hereby declare that the information given above is true and Coach/Manager who are representing our Unit. I have carefully read and accepted the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation.

Signature of Unit Secretary with seal

For office use only

Sr. No:

Reg. No:

I card No:

Certificate No: