



6th INTERNATIONAL MARTIAL ARTS GAMES' 2015

(Org. by "INDIAN MARTIAL ARTS GAMES FEDERATION")

Email : imgcindia@gmail.com, imagames6@gmail.com

INDIVIDUAL COMPETITOR REGISTRATION FORM

VENUE : THYAGRAJ STADIUM, NEW DELHI, INDIA

02nd to 06th DECEMBER 2015

(WEDNESDAY TO SUNDAY)

COMPETITOR INFORMATION

(PLEASE TYPE OR WRITE LEGIBLY IN CAPITAL LETTERS. ALL INFORMATION MUST BE COMPLETED)

NAME					
COUNTRY REPRESENTING					
NAME OF MARTIAL ART					
AGE IN YRS		DATE OF BIRTH	DATE	MONTH	YEAR
SEX : M/F					

PASSPORT NO.	DATE OF ISSUE	COUNTRY OF ISSUE	DATE OF EXPIRY

CONTACT DETAILS	
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I hereby submit my application to participate in the "06th INTERNATIONAL MARTIAL ARTS GAMES' 2015". I agree to waive all claims against any persons connected with the above event for injuries I may sustain, and likewise assume full responsibility for my actions in connection with the said event. I also hereby agree to abide by and observe all the rules and regulations of the above event's organizing committee.

SIGNATURE (Applicant)		DATE	
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SHOULD BE SIGNED BY PARENT IF THE AGE IS UNDER 18 YRS (ENCLOSED PROOF OF AGE)

COUNTER SIGNED (By respective Martial Art NGB)	
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