

भारतीय कलरीपयट महासंघ
KALARIPAYATTU FEDERATION OF INDIA

INDIVIDUAL ENTRY FORM (JUNIOR)
FOR STATE UNITS

(Mark “ ✓ ” in the appropriate boxes)

BOYS		WEIGHT	EVENT (Wt. Cat.) 1.	Performance Event Name 1. 2.	Photo
GIRLS		WEIGHT	EVENT	1. 2.	
NAME (In Capital Letters)					
Date of Birth				Age	
Parent / Guardian Name					
Address					
State/Organization/Kalari					

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 during the championship/practice period.

Signature of Parent / Guardian. & dt.

Signature of Participant & dt.

Signature of President / Secretary/Gurukkal
State Association / Organization/Kalari Centers with stamp & dt.