

**भारतीय कलरीपयट महासंघ**  
**KALARIPAYATTU FEDERATION OF INDIA**

**INDIVIDUAL ENTRY FORM (SENIOR)  
FOR STATE UNITS**

(Mark “ ✓ ” in the appropriate boxes)

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

**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.