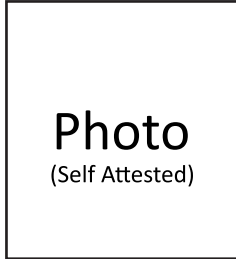


# BAGHEL SPORTS CLUB, HAPUR



(Run By: Chokhey Lal Baghel Memorial Trust)  
Everst World School, Apna Ghar Colony, Delhi Road, Hapur-245101  
Contact No.: +919412492356, +919837850023  
Email: baghelsportsclub@gmail.com



Form No.: .....

## REGISTRATION FORM

Event : .....  
Name of Sportsperson : .....  
Father's Name : .....  
Father's contact no. : .....Guardian's Contact No.....  
Date Of Birth : ..... ( / / )  
Aadhar no.: .....Sex .....Contact No.: .....  
Email: .....Address:.....  
.....PIN.....

I do hereby certify that all the all the information given above are true and correct to the best of my knowledge. I incur all the responsibility of any type of injury/damage during training period and will not claim any compensation which may accrue to me against the club and/or its respective coaches, officials, successors for any and all damages which may be sustained and suffered by me (in connection with the club or) in sports activities associated with the club. I will be abide by the rules and regulations of the club and will be liable to be penalized as per rules of the club.

Date .....

Place .....

(Signature of the Sportsperson)

## PARENTS'/GUARDIAN'S DECLARATION

I ..... Son/Daughter of .....  
..... R/o .....  
.....being the father/mother/guardian of  
....., do hereby solemnly declare that I or my son/ daughter  
will neither claim any compensation for any type of injury or damage during sports  
activity nor due to instructor/coach/club/association. In case pupil receives any injury  
during his/her training period/championship, I undertake the risk of any type of injury or  
damage and ready to send my son/daughter/..... to learn sports/event at my  
own accord.

Date: .....

Place: .....

Parents'/Guardian's Signature