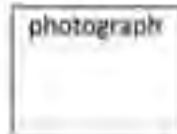


WINTER GAMES ASSOCIATION
OF JAMMU AND KASHMIR, SRINAGAR
(ALL NORTH/SOUTH KASHMIR DISTRICTS SKI CHAMPIONSHIP-2019)



ENTRY FORM

1. Name of the athlete.....
2. Parentage.....
3. Residence.....
4. Date of Birth (attach copy of DOB certificate).....
5. Email ID..... Mobile No.....
6. Any Ski / Snowboard / Nordic Ski course attended: Basic / Intermediate / Advance
(Please tick)
7. Profession..... Name of Institution/Club.....
8. Am willing to participate in (Please tick): Alpine Skiing/Snowboarding (G. Slalom /
Slalom); Nordic Ski (15 kms /10kms /1.5 sprint)
9. Any participation in District / State / National level Championship (Please tick)

10. UNDERTAKING

I,..... S/O - D/O..... Is
willing to take part in the above championship at my own risk and responsibility. I
declare that I shall not hold the WGAJK/JIM or any other organization responsible in
case there is any mishap/injury caused to me during the championship. I also declare
that I shall be responsible in case the equipment is damaged or loss. I shall make good
to its loss/damage. I shall maintain discipline and observe the rules and regulations of
the Championship framed by the organizers

Date.....
Place.....

Signature of athlete
Full Name.....
Signature of Parent in case of Minor

For Office Use

Category _____ Age Group _____ Chess No _____
Entry fee Paid/Unpaid (please tick)