

"STROKE'2016 - KC Swimming Competition" - Registration Form - Freestyle Relay



Date 16.09.16 to 18.09.16

Venue KC Swimming Pool, Kailasapuram Club



**Details of the participants :**

S.no	Name	Sex	STD	Category	Age	Contact Number	Mail Id	Occupation *
1								
2								
3								
4								

*\* Please mention the name of the organisation/college/school*

*(School Students are requested to submit a xerox copy of their School Identity Card)*

**Staff Number of the Participant**

(Any One Participant / Parent)

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**Declaration by Participants:**

*We hereby declare that We are fit for the swimming competition.*

*Also We declare that participation in the event is entirely at our own risk and that by entering, We acknowledge that KC shall not be liable for Injury, loss or damage arising from our participation in the event to the extent that is caused by our negligence.*

**Signature of the participants**

(Participant 1)

(Participant 2)

(Participant 3)

(Participant 4)

**Signature of the Parent (Applicable for School Kids )**

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