









# HEALTH INFORMATION FORM

## 15th Sub-Junior National Jump Rope Championship – 2018-19

Member Association .....

Name ..... Date of Birth: .....

Address: ..... Telephone No. ....

If you have any active medical problem at present, please explain: .....

If you are under a physician's care at present, please explain: .....

*Note: Special attention should be paid to the JRFI Anti-Doping policy as random drug-testing may be carried out at this competition. It is important that all medications, however trivial, taken before the competition are reported.*

If you have a history of any of the following, please explain:

Heart Condition .....

Diabetes.....

Allergies ..... Bleeding Conditions .....

Psychiatric Illnesses..... Operations .....

Asthma or Shortness of Breath ..... Epilepsy .....

List of Current Medication.....

*In the event of an emergency, please notify:*

Address: .....

Telephone: ..... Relationship .....

Signature: ..... Date .....

# REGISTRATION FORM

## 15th Sub-Junior National Jump Rope Championship – 2018-19

(MAKE ADDITIONAL COPIES IF NEEDED)

Name of the State.....

Name in Block letter.....

ID Badge No.....

Date of Birth.....Sex.....

Age Category

Below 12 yrs	Below 14 yrs
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I am a (Please mark in appropriate box)

Jumper

Team Manager

Coach

Referee/ Judge

I..... the undersigned knowingly and without any objection voluntarily submit my entry to Organizing Committee of Jump Rope Federation of India. Subject to the acceptance of my participation by the organizer which may result from or in connection to my participation is purely Organizer Cancers. I undertake to abide by the result, rules & regulation of JRFI and understand that my protest must be conducted in accordance with the rules of Arbitration.

.....

(Signature of Coach)

.....

(Signature of T. Manager)



# DEMO REGISTRATION FORM

## 15<sup>th</sup> Sub-Junior National Jump Rope Championship – 2018-19

State Association Name: \_\_\_\_\_

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Name of Coach/es: \_\_\_\_\_ Coaches' Signature: \_\_\_\_\_