



Jointly organized

**Late Smt. Archana J. Duple Memorial's**  
**3<sup>rd</sup> OPEN WATER SWIMMING COMPETITION**  
**At Juhu Beach, Mumbai**  
**Saturday 14<sup>th</sup> Dec.2024**

**Entry form**

Name in(BlockLetter):Master/Ms./Mr./Mrs. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mob.No. \_\_\_\_\_

E-mail: \_\_\_\_\_

EVENT	AGE GROUP					
250 Mtr.	13 - 16	<input type="checkbox"/>	17 - 35	<input type="checkbox"/>	36 - 65	<input type="checkbox"/>
500 Mtr.	13 - 16	<input type="checkbox"/>	17 - 35	<input type="checkbox"/>	36 - 65	<input type="checkbox"/>
1 km	13 - 16	<input type="checkbox"/>	17 - 35	<input type="checkbox"/>	36 - 65	<input type="checkbox"/>
3 km	13 - 16	<input type="checkbox"/>	17 - 35	<input type="checkbox"/>	36 - 65	<input type="checkbox"/>

Age Group : \_\_\_\_\_ Event Distance : \_\_\_\_\_

**Previous Experience in Open Water Swimming**

SR NO	NAME OF THE EVENT & DISTANCE	DATE	TIMING

The above mentioned information is true and correct at my knowledge. I am aware that, if found false my registration will be cancelled.

Signature of Parent  
 Full Name \_\_\_\_\_

Signature of Coach  
 Full Name \_\_\_\_\_

Signature of Swimmer  
 Full Name \_\_\_\_\_

Date :-

## Instructions

- Swimmer should take part in their respective age group only & allowed to participate in only any one of the above events.
- All Participants should have their own swimming kit and red colour swimming cap is compulsory.
- First 3 Winners will get Medal & Certificate. Successfully participating swimmers will get the Finishers Medal, Certificate & All registered swimmers will get T-shirt.
- There is no separate swim category for Para swimmers. They are allowed to participate in their respective age group.
- Entry Fees: Rs.1300/- only. Fees is non transferable and non refundable.
- **Last Date of Submission of Entry form is 11<sup>th</sup> Dec.2024 upto 6.00 pm.**
- Entry form should be submitted on whatsapp (8459455576) alongwith the Entry Fees payment Screenshot & Aadhar card of the participant.

- Entry Fees must be paid only at given QR Code and send the Screenshot at 8459455576 for confirming your entry.



- All participants must submit the hard copy of their online submitted entry form at competition venue
- Organizers reserve the right of accepting or rejecting any entry without assigning any reason and also will have the right to limit the number of entries if found necessary

**Signature of Swimmer**

**Signature of Parent**

For further information, interested swimmers may contact on 8459455576 between Morning 11.00am to 2.00pm only.



JD SPORTS FOUNDATION & NATIONAL INSTITUTE OF SWIMMING



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**INDEMNITY BOND**

I, Mr./Mrs. \_\_\_\_\_ will be participating in the 3<sup>rd</sup> Open Water Swimming Competition held in the memory late Smt. Archana J. Duple Conducted by JD Sports Foundation and National Institute of Swimming in the Arabian Sea at Juhu Beach, Mumbai on Saturday 14<sup>th</sup> Dec.2024 (A distance of 250 mtr, 500 mtr, 1km, 3km)

I hereby state/declare that I am taking part in this event at my own risk & consequences and shall not hold anyone else (Organization/ Institution/ Individuals) responsible in any manner in case of injury, accident including temporary & permanent disability or loss of life which may occur during or after the 3<sup>rd</sup> Open Water Swimming Competition held in the memory of late Smt Archana J. Duple Conducted by JD Sports Foundation and National Institute of Swimming. Also, I hereby declare that, I have fully read and understood all the rules, regulations and conditions mentioned above and confirm to abide by the rules/terms and conditions.

Date: \_\_\_\_\_

\_\_\_\_\_

Coach Name & Signature

Participants Name & Signature

Witness 1	Witness 2
Name:	Name:
Address:	Address:
Contact No.:	Contact No.:
Email ID:	Email ID:
Signature:	Signature:



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**MEDICAL CERTIFICATE**

This is to certify that I have examined Master/Miss.

/Mr./Mrs. \_\_\_\_\_ and he/she is mentally and physically fit for Swimming as per my knowledge.

Date:

Doctors Name, Stamp & Registration Number

Contact Number: \_\_\_\_\_

**CONFIRMATION OF DATE OF BIRTH**

This is to certify that Master/Miss. \_\_\_\_\_ And is studying in standard \_\_\_\_\_, is a bonafide Student of our Institution His Her Date of Birth as per our records is \_\_\_\_\_

Date:

Name & Signature of Principal & Seal of the Institution

**Note: Aadhaar card / Driving license / Passport, any government ID or certificate is acceptable for the confirmation of Date of Birth.**