



## THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No. 205, 1<sup>st</sup> floor, Kanteerava Sports Complex – 2,  
Kanteerava Stadium Premises, Kasturba Road, Bangalore - 560001

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Photo

### REGISTRATION FORM LEAD CLIMBING COMPETITION - 2016

(All fields are mandatory)

Period of Programme	30.04.2016 & 01.05.2016
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Participant's Name							
	DOB: (Proof to be enclosed)	Age:	Gender: M / F		Blood Group		
Category participating in (Pl. tick)	Junior			Senior			
Occupation							
'T' shirt size (Pl. tick)	S	M	L	XL	Chest : (inches)	Shoulder: (inches)	
Address (Proof to be enclosed)							
Phone	Mobile:			Landline:			
Email							
Association / Club representing (Give full address)							
	Tel:			Email:			

#### EMERGENCY CONTACT DETAILS:

Full Name		
Relationship		
Phone	Mobile:	Landline:
Email		

**SPORT CLIMBING EXPERIENCE:**

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**Do you suffer from any of the following? (Select all that apply)**

**Asthma  
Respiratory Problems**

**Migraine Headache  
Cardiac Problems**

**Hypertension/Diabetes  
Vision/Hearing impairment**

**History of serious illness (If any):** \_\_\_\_\_

**DECLARATION**

I, \_\_\_\_\_ hereby declare that the particulars furnished in this registration form are true to the best of my knowledge and belief. I have gone through the contents of the brochure and have fully understood them. I agree to adhere strictly to the discipline of the programme and abide by the directions of the organisers / leaders at all times during the programme. My parents / guardians have consented to my participation. I further declare that in case of accident, illness, injury or any calamity whatsoever, I will not hold The Karnataka Mountaineering Association or its committee or any other organisation(s)/individual(s) with whom the programme is tied up, responsible in anyway.

I agree that, in case of any incorrect information submitted, I am liable to be disqualified from participation in the competition

I declare that I have not suffered or am suffering from any serious illness, communicable disease or injury and that I am in good health. I sign this declaration willfully and with all my senses under control.

Signature of the parent / guardian  
(in case of minor)

Signature of the Participant with date

PARTICULARS OF REGISTRATION FEE* PAID (To be filled in by the participant)		FOR OFFICE USE ONLY		
* To be paid by cash, DD or 'at par' cheque drawn in favour of 'KARNATAKA MOUNTAINEERING ASSOCIATION'		RECEIPT		AMOUNT
		NO.	DATE	
₹ 200/-				₹ 200/-

- NOTE: 1) The registration fee should be paid at the time of registration  
2) Proof of address and DOB mandatory and should be enclosed along with the registration form