



ADMISSION FORM

ARYANGATEWAYS SHOOTING RANGE

Kesav Kunj, Street-2, Near Railway St., Loni
Ghaziabad 201102 (UP) +91 8368746139
aryan.gateways@gmail.com, www.aryangateways.org



New Registration Return Registration Year _____ . Sport _____ .

Information for Registration																				<div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 100px; margin: 0 auto;">Photo</div>																																					
Athlete Name:	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		<div style="border: 1px solid black; border-radius: 10px; width: 100px; height: 100px; margin: 0 auto;">Photo</div>																																				
Mother's Name:	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																																							
Father's Name:	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X																																							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Place of Birth:																																																
**The athlete must attach his/her 'Date of Birth' Certificate duly attested.																				Attest																																					
Sex (please tick): Male <input type="checkbox"/> Female <input type="checkbox"/>																																																									
Event (please tick): Pistol <input type="checkbox"/> Rifle <input type="checkbox"/> Martial Art <input type="checkbox"/> Others <input type="checkbox"/>																																																									
District/Unit Representation:																																																									
Educational Qualification:																																																									
Permanent Address:																																																									
City:																				State:																			Pin																		
Mobile:																				Email:																																					
<p>DECLARATION: I hereby declare that all entries provided in this registration form are correct. I undertake that, in case any information furnished by me found to be false or incomplete or any material information concealed by me, my registration may be cancelled. Also the foundation will not liable for any damage of property or personal injury resulting from negligent, reckless or irresponsible use of their grounds and facilities and/or a athlete's negligent, reckless or irresponsible conduct..</p> <p style="text-align: center;">I am healthy and capable of participating in Sports activities.</p>																																																									
Signature of Athlete:										(For below 18 Yrs) Parent/Guardian																																															
Date:	D	D	M	M	Y	Y																																																			
Place:																																																									
For Office Use Only																																																									
GROUP											Registration Fee	<input type="checkbox"/>																																													
Comment:																																																									
																				Stamp & Sign (Auth. Signatory)																																					



ANNEXURE-I
ARYANGATEWAYS SPORTS FOUNDATION

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CONSENT FORM

(To be filled in by Parent / Guardian of the student under-18 yrs of age.)

I hereby give the permission for my child to be photographed as a winner/medalist or as part of a participating group of players in association with Aryangateways Sports Foundation.

If you do not wish your child to be photographed please tick here. [Y] [N]

I also confirm that I consider my child to be capable of participating in Aryangateways Sports Foundation events. I have provided medical details and consent that, in the event of an accident, the necessary treatment can be administered, which may include the use of anesthetics. I also understand that while Aryangateways Sports Foundation personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any injury suffered. Furthermore, Aryangateways Sports Foundation is not responsible for loss or damage to personal belongings.

Parent / Legal Guardian

I.....bearing ID:

consent to the above Aryangateways Sports Foundation conditions and that (name of child)

.....can receive medical treatment as required. I undertake to

inform Aryangateways Sports Foundation should any of the information contained in this form change.

Dated: _____

Place: _____

Signature Parent/Guardian

Aadhaar	X	X	X	X	X	X	X	X	X	X	X	X	X
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**** AGSF will not disclose information about you to anyone outside the foundation unless the law permits**