

TABLE TENNIS

Doubles

*Date: 14th Dec. - 18th Dec. Venue: D.Y. Patil Sports Academy, Nerul

Gender Boys Girls

Age Group □ U - 12 □ U - 15 □ U - 17

*In a team both the participating players must be from the same school







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nth	Year	

School Name: School Authority / Sports Co-ordinator / Coach: Name	Phone No.
Participant - 1 Last Name First Name Middle Name SFA ID**:	Participant - 2 Last Name First Name Middle Name SFA ID**:
Participant's Residential Address:	Participant's Residential Address:
Age: Date of Birth: Day Month Year Participant's Contact Information: Mob: Res: E-mail: Day Month Year	Age: Date of Birth:
Emergency Contact (Parent / Guardian): Name: Mob: Res: E-mail:	Emergency Contact (Parent / Guardian): Name: Mob: Res: E-mail:

**Students who participated in SFA Mumbai 2015 can look up their SFA ID on our website www.sfanow.in.

New participants will be given their SFA ID at the time of registration. For Offical Use Only

*The final dates will be published on our website – www.sfanow.in by the 10th November 2016.

Form No.:

Inwards No.:

Date:

[Contd...]

SFA Rec Stamp



TABLE TENNIS Doubles









1. AGE GROUPS, EVENTS & DRAWS:-

- The SFA Mumbai 2016 Judo Tournament will be conducted in accordance with the age groups, events & weight categories mentioned in the table below.
- Entries will be accommodated basis the eligibility criteria set out in the point 4.

Age Groups, Events & Draws			
Sr. No.	Age Groups	Draw Size (Boys)	Draw Size (Girls)
1	U-12	32	32
2	U-15	32	32
3	U-17	32	32

2. TOURNAMENT FORMAT:-

- A knockout tournament will be played across all age groups and event categories for both, Boys and Girls.
- For U-12, matches will be best of 5 games of 11 points each till Finals.
- For U-15, matches will be best of 5 games of 11 points each till the Quarter finals & best of 7 games of 11 points each for the Semi Finals & Finals.
- A team will be allowed to participate in one age category only.

3. RULES & REGULATIONS:-

- Every participant must carry his/her School ID along with age proof at all times during the tournament. No participant will be allowed to play his/her match if they do not have their school ID along with valid age proof (Adhar Card
- The participant must report at the venue's main registration desk 45 minutes prior to his/her scheduled match.
- The team has to report 15 minutes prior to his/her scheduled match time at the Table Tennis registration desk.
- If the team fails to report 7 minutes after the match is announced the opponents will get a walk over.
- If any participant is found over age or with any manipulation in his/her documents, the entire team will be disqualified without any kind of prior intimation.
- The Tournament Organizing Committee has the right to postpone or cancel the tournament in case of unavoidable circumstances. All schools are requested to co-operate in any such case.
- In case of any dispute the decision of the Tournament Organizing Committee will be final and binding.
- Participants will not be allowed to use their mobile phones in the stipulated playing arena.
- Participants must wear appropriate apparel for the sport of Table Tennis. Only non-marking / gum sole shoes will be permitted while playing matches.
- If any one player of a team is unable to take part in the tournament even after giving his/her entry that player can be replaced with another player on a special request at least 1 day before the tournament.
- All Table Tennis Federation of India (TTFI) approved Equipment will be used in the Tournaments.
- For any kind of further details of the tournament the School Authority/ Parent/ Participant can contact us on our info lines or email us on the following:
 - +91 7045684365/66/67
 - info@sfanow.in



TABLE TENNIS Doubles







4. ELIGIBILITY CRITERIA:-

- Students from schools registered with Sports For All will get first preference for participation.
- The teams will be accommodated on a first come first serve basis.
- Incomplete details in the entry forms or any manipulations in the entries will not be accepted by the Tournament Organizing Committee.
- The below mentioned age criteria will be considered:-

Age Groups & Cut Off Dates		
Age Groups	Cut off Dates	
U-12	Born on or After 1st January 2005	
U-15	Born on or After 1st January 2003	
U-17	Born on or After 1st January 2000	

5. TOURNAMENT ORGANIZING COMMITTEE:-

- Tournament Director.
- Tournament Referee.
- SFA Representative.











Ab Jeetega India Gender SFA Mumbai 2016	Boy Girl	
School Name:		
School Authority / Sports Co-ordinator / Coach:	Name Phone No.	
Name of the Participant:	Last Name	
	First Name Middle Name	
SFA ID**:		
Participant's Residential Address:		
Date of Birth:	Day Month Year	
Participant's Contact Inforr	nation:	
Mob:	Res:	
	nt / Guardian):	
	Res:	
Page - 1 **Students who participated in SFA Mumbai 2015 can find their SFA ID on our website www.sfanow.in. New students will be given their SFA ID at the time of registration. [Contd]		
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Select the Sports you wish to participate	e in:
	∕olleyball ☐ Football ☐ Throwball ∕abaddi
Racquet Sports: Tennis (Singles & Doubles) Badminton (Singles & Doubles)	Table Tennis (Singles & Doubles) Squash
Combat Sports: Karate Judo Boxing Sport Mix Martial Ar	☐ Taekwondo ts ☐ Fencing
Target Sports: Shooting Archery	
Aquatics: Swimming Water Polo	
Individual Sports:	
Carrom	Chess
Athletics	Gymnastics
In the event that a school does not register	students will still be allowed to participate by paying:
1) Rs. 300 +all applicable taxes/ student (In	ndividual Sports, Target Sports, Racquet Sports, Combat Sports and Aquatics)
2) Rs. 200+ all applicable taxes/ student (T	eam Sports)
3) In case a Student is participating in both Handball) then he / she will have to pay	team and individual sports (For example : he / she is participating in Tennis and Rs. 500 +all applicable taxes.
Kindly Note: Payment of the above mention their respective Sports Category.	ned fees allows a student to participate in all the sports mentioned in
Page - 2	[Contd]



RELEASE/WAIVER FORM

parent and/or legal guardian hereby agree to assume all risks attendant u the activities and the minor's experience and capabilities and believe the participate in such event. I/We understand that the (a) the activities involve and death ("risks"); (b) these Risks and dangers may be caused by my over Event; (c) there may be other risks and social and economic losses either	e Event, I/we, Mr and Mrs the minor's pon the child while participating in this Event. I/We understand the nature of e minor to be qualified, in good health, and in proper physical condition to e risks and dangers of serious injury, including permanent disability, paralysis, wn actions or inactions, the actions or inactions of others participating in the not known to us or not readily foreseeable at this time, and I/we fully accept ages the child/participant incur as a result of participation or that of the minor	
I/We hereby waive, release and discharge any and all claims for death, personal injury, or property damage which the child/participant may have, or which may hereafter accrue to child/participant, as a result of child/participant participation in this Event. I/We agree to indemnify and hold harmless from liability SFA Events Pvt. Ltd. and its members, chapters and/or any of their agents, servants, volunteers, or employees by reason of any accident, death, injury, or damages, to persons or property which the child/participant may suffer, while participating in this Event. It is further understood and agreed that this waiver, release and assumption of risks to be binding on our heirs and assigns of the child/participant. I/We agree to assume all responsibilities for any property damage or injury to any person caused by child/participant while participating in this Event. I/We have read and understood the contents of this form.		
Parent/Guardian's Name:		
Date:		
Date		
	Parent/Guardian's Signature:	











Ab Jeetega India Gender SFA Mumbai 2016	Boy Girl		
School Name:			
School Authority / Sports Co-ordinator / Coach:	Name Phone No.		
Name of the Participant:	Last Name		
	First Name Middle Name		
SFA ID**:			
Participant's Residential Address:			
Date of Birth:	Day Month Year		
Participant's Contact Inform	nation:		
Mob:	Res:		
Emergency Contact (Parent / Guardian): Name: E-mail:			
	Res:		
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Combat Sports: Karate Judo Boxing Sport Mix Martial Ar	☐ Taekwondo ts ☐ Fencing
Target Sports: Shooting Archery	
Aquatics: Swimming Water Polo	
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Carrom	Chess
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3) In case a Student is participating in both Handball) then he / she will have to pay	team and individual sports (For example : he / she is participating in Tennis and Rs. 500 +all applicable taxes.
Kindly Note: Payment of the above mention their respective Sports Category.	ned fees allows a student to participate in all the sports mentioned in
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RELEASE/WAIVER FORM

In consideration of the acceptance of this application as a participant in the Event, I/we, Mr. parent and/or legal guardian hereby agree to assume all risks attendant upon the child whil the activities and the minor's experience and capabilities and believe the minor to be quaparticipate in such event. I/We understand that the (a) the activities involve risks and danger and death ("risks"); (b) these Risks and dangers may be caused by my own actions or inactivent; (c) there may be other risks and social and economic losses either not known to use and assume all such risks and all responsibility for losses, costs, and damages the child/par in the Event	e participating in this Event. I/We understand the nature of alified, in good health, and in proper physical condition to its of serious injury, including permanent disability, paralysis, stions, the actions or inactions of others participating in the or not readily foreseeable at this time, and I/we fully accept	
I/We hereby waive, release and discharge any and all claims for death, personal injury, or property damage which the child/participant may have, or which may hereafter accrue to child/participant, as a result of child/participant participation in this Event. I/We agree to indemnify and hold harmless from liability SFA Events Pvt. Ltd. and its members, chapters and/or any of their agents, servants, volunteers, or employees by reason of any accident, death, injury, or damages, to persons or property which the child/participant may suffer, while participating in this Event. It is further understood and agreed that this waiver, release and assumption of risks to be binding on our heirs and assigns of the child/participant. I/We agree to assume all responsibilities for any property damage or injury to any person caused by child/participant while participating in this Event. I/We have read and understood the contents of this form.		
Parent/Guardian's Name:		
Date:		
Parent/Gua	ardian's Signature:	









