VOLLEYBALL

Gender   **Age Group**

☐ Boys   ☐ Girls   ☐ U - 12   ☐ U - 14   ☐ U - 16

SPORTS FOR ALL

School Name: _____

School Authority / Sports Co-ordinator / Coach

Name _____   Phone No. _____

Captain

Last Name _____

First Name _____

Middle Name _____

Residential Address: _____
_____

Date of Birth   ☐ Day   ☐ Month   ☐ Year   Age _____   Height _____ (in ft' & inches")   Weight _____ (in Kg's)

Emergency Contact (Parent / Guardian)

Name: _____

Mob: _____

Res: _____

Player - 2

Last Name _____

First Name _____

Middle Name _____

Residential Address: _____
_____

Date of Birth   ☐ Day   ☐ Month   ☐ Year   Age _____   Height _____ (in ft' & inches")   Weight _____ (in Kg's)

Emergency Contact (Parent / Guardian)

Name: _____

Mob: _____

Res: _____

Player - 3

Last Name _____

First Name _____

Middle Name _____

Residential Address: _____
_____

Date of Birth   ☐ Day   ☐ Month   ☐ Year   Age _____   Height _____ (in ft' & inches")   Weight _____ (in Kg's)

Emergency Contact (Parent / Guardian)

Name: _____

Mob: _____

Res: _____

[Contd...]

VOLLEYBALL

Player - 4

Last Name

First Name

Middle Name

Residential Address: _____

_____

Date of Birth

| Day | Month | Year | Age _____ | Height _____ (in ft' & inches") | Weight _____ (in Kg's) |

Emergency Contact
(Parent / Guardian)

Name: _____
Mob: _____
Res: _____

Player - 5

Last Name

First Name

Middle Name

Residential Address: _____

_____

Date of Birth

| Day | Month | Year | Age _____ | Height _____ (in ft' & inches") | Weight _____ (in Kg's) |

Emergency Contact
(Parent / Guardian)

Name: _____
Mob: _____
Res: _____

Player - 6

Last Name

First Name

Middle Name

Residential Address: _____

_____

Date of Birth

| Day | Month | Year | Age _____ | Height _____ (in ft' & inches") | Weight _____ (in Kg's) |

Emergency Contact
(Parent / Guardian)

Name: _____
Mob: _____
Res: _____

Under the aegis of:

Player - 7

Last Name _____

First Name _____

Middle Name _____

Residential Address: _____

_____

Date of Birth
[Day] [Month] [Year] Age _____ Height _____ Weight _____
(in ft' & inches") (in Kg's)

Emergency Contact
(Parent / Guardian)
Name: _____
Mob: _____
Res: _____

Player - 8

Last Name _____

First Name _____

Middle Name _____

Residential Address: _____

_____

Date of Birth
[Day] [Month] [Year] Age _____ Height _____ Weight _____
(in ft' & inches") (in Kg's)

Emergency Contact
(Parent / Guardian)
Name: _____
Mob: _____
Res: _____

Player - 9

Last Name _____

First Name _____

Middle Name _____

Residential Address: _____

_____

Date of Birth
[Day] [Month] [Year] Age _____ Height _____ Weight _____
(in ft' & inches") (in Kg's)

Emergency Contact
(Parent / Guardian)
Name: _____
Mob: _____
Res: _____

VOLLEYBALL

Player - 10

Last Name

First Name

Middle Name

Residential Address:

Date of Birth

Day | Month | Year | Age _____ | Height _____ (in ft' & inches") | Weight _____ (in Kg's)

Emergency Contact
(Parent / Guardian)

Name: _____
Mob: _____
Res: _____

Player - 11

Last Name

First Name

Middle Name

Residential Address:

Date of Birth

Day | Month | Year | Age _____ | Height _____ (in ft' & inches") | Weight _____ (in Kg's)

Emergency Contact
(Parent / Guardian)

Name: _____
Mob: _____
Res: _____

Player - 12

Last Name

First Name

Middle Name

Residential Address:

Date of Birth

Day | Month | Year | Age _____ | Height _____ (in ft' & inches") | Weight _____ (in Kg's)

Emergency Contact
(Parent / Guardian)

Name: _____
Mob: _____
Res: _____

VOLLEYBALL

Gender ☐ Boys ☐ Girls

Age Group ☐ U - 12 ☐ U - 14 ☐ U - 16

School Name: _____

Contact of School Sports co-ordinator / coach

Name _____ Phone No. _____

Team List

Coach	_____
Captain	_____
Player 2	_____
Player 3	_____
Player 4	_____
Player 5	_____
Player 6	_____
Player 7	_____
Player 8	_____
Player 9	_____
Player 10	_____
Player 11	_____
Player 12	_____

[Contd...]

For Offical Use Only

Form No.:

Date.: _____

Inwards No.:

SFA Rec Stamp

For Any Query Contact Us

SFA Events Pvt. Ltd. 1306, Pancharatna, Opera House, Mumbai-400004 | +91 7045684365/ 66/ 67 | www.sfanow.in | info@sfanow.in

VOLLEYBALL

1. Age Categories, Events and Entries:-

• The SFA Inter-school Volleyball tournament will be conducted in the categories mentioned in the table below.
• We have a maximum draw capacity as mentioned in the below table. Entries will be accommodated basis the eligibility criteria set out in Point 3.

Age Groups, Events & Draws				
Sr. No.	Age Group	Players per Team	Boys	Girls
1	U-12	12	24 Teams	16 Teams
2	U-14	12	24 Teams	16 Teams
3	U-16	12	24 Teams	16 Teams

2. Tournament Format and Rules:-

• A knockout tournament will be played across all age groups and event categories for both, Boys and Girls.
• The matches will be played of a best of 3 sets of 25 points each. In case of a tie then the 3rd set would be of 15 points.
• Every player must carry his/her school ID along with age proof at all times during the tournament.
• Participants must produce their ID cards as and when required during the tournament.
• No player will be allowed to play his/her match if they do not have their school ID along with proper age proof.
• The team must report at the venue's main registration desk 45 minutes prior to their scheduled match.
• The team has to report 15 minutes prior to their scheduled match time at the Volleyball registration desk.
• If any participant is found over age or with any manipulation in the documents, the entire team will be disqualified without any kind of prior intimation.
• Participants must be in appropriate uniform for the sport of Volleyball. No player will be allowed to play bare feet.
• The Volleyball 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 Volleyball organizing committee will be final and binding.
• No player will be allowed to use their mobile phones on court.
• For any kind of further details of the tournament the School Coach / Manager can contact the follow mobile no's: +91 7045684365/66/67   Email: info@sfanow.in

3. Eligibility Criteria

• Only teams from Sports For All member schools will be eligible to participate.
• Teams having State and National Players in their squad will be given first preference.
• All Team entries will be evaluated on the basis of their performance in DSO / Association /State or any equivalent tournaments in the period 1st January 2014 to 25th October 2015.
• Incomplete details in the entry forms or any manipulations in the entries will not be accepted by the organizing committee.
• The below mentioned age criteria's will be considered:-

Age Group	Cut off Date
U-12	Born on or After 1st January 2003
U-14	Born on or After 1st January 2001
U-16	Born on or After 1st January 1999

Volleyball Tournament Committee

• Tournament Referee
• Tournament Director
• SFA Representative