

THROWBALL

Gender ☐ Boys ☐ Girls

Age Group ☐ U - 10 ☐ U - 12 ☐ U - 14 ☐ U - 16

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

Under the aegis of:



School Name: _____

School Authority /
Sports Co-ordinator /
Coach:

Name

Phone No.

| Team List | Name | Jersey No. |
|-----------|------|------------|
| Coach | | |
| Captain | | |
| Player 2 | | |
| Player 3 | | |
| Player 4 | | |
| Player 5 | | |
| Player 6 | | |
| Player 7 | | |
| Player 8 | | |
| Player 9 | | |
| Player 10 | | |
| Player 11 | | |
| Player 12 | | |

Signature of School Coach / Principal: _____

For Official Use Only

Form No.:

Date: _____

Inwards No.:

SFA Rec Stamp

THROWBALL

School Name: _____

School Authority /
Sports Co-ordinator / Coach: _____ Name _____ Phone No. _____

Captain _____ Last Name _____
First Name _____
Middle Name _____
Participant's Residential Address: _____

Participant's Email ID: _____

Date of Birth: _____ Day _____ Month _____ Year _____ Age: _____ SFA ID*: _____

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

Player - 2 _____ Last Name _____
First Name _____
Middle Name _____
Participant's Residential Address: _____

Participant's Email ID: _____

Date of Birth: _____ Day _____ Month _____ Year _____ Age: _____ SFA ID*: _____

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

Player - 3 _____ Last Name _____
First Name _____
Middle Name _____
Participant's Residential Address: _____

Participant's Email ID: _____

Date of Birth: _____ Day _____ Month _____ Year _____ Age: _____ SFA ID*: _____

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

THROWBALL

Player - 4

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

Player - 5

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

Player - 6

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

THROWBALL

Player - 7

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

Player - 8

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

Player - 9

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

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Player - 10

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

Player - 11

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

Player - 12

Last Name

First Name

Middle Name

Participant's
Residential Address:

Participant's Email ID:

Date of Birth:

Day

Month

Year

Age: _____ SFA ID*: _____

Emergency Contact:
(Parent / Guardian)

Name: _____

Res: _____

Mob: _____

1. AGE GROUPS, EVENTS & DRAWS:

- The SFA Mumbai 2016 Throwball Tournament will be conducted in accordance with the age groups, events and draw size 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 | Players per Team | Boys | Girls |
| 1 | U-10 | 12 | 16 | 16 |
| 2 | U-12 | 12 | 16 | 16 |
| 3 | U-14 | 12 | 16 | 16 |
| 4 | U-16 | 12 | 16 | 16 |

2. TOURNAMENT FORMAT:-

- A knockout tournament will be played across all age groups and event categories for both, Boys and Girls.
- A team will have 7 on field players and 5 substitutes.
- There will be 3 sets per match of 25 points each.
- A participant can play in more than one age category, but not in different teams within the same age category.

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.
- The participant must report at the venue's main registration desk 45 minutes prior to his/her scheduled match.
- The participants must report 15 minutes prior to their scheduled match time at the Throwball registration desk.
- If the team fails to report 7 minutes after the match is announced the opponent will get a walk over.
- The Throwball Tournament schedule will be published on our website – www.sfanow.in 30 days prior to SFA Mumbai 2016.
- 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.
- Participants must wear appropriate apparel for the sport of Throwball.
- The Tournament Organizing Committee has the right to postpone or cancel the tournament in the 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.
- No participant will be allowed to use their mobile phones in the stipulated playing arena.
- For any kind of further details of the tournament the School Authority / Parent / Participant can contact us on our info lines or email us:
- +91 7045684365/66/67
- info@sfanow.in

4. ELIGIBILITY CRITERIA:-

- Teams from schools registered with Sports For All will get first preference for participation.
- All teams entries will be evaluated on the basis of their performance in DSO/Association/State or any equivalent tournaments in the period 1st January 2015 to 25th October 2016.
- Incomplete details in the entry forms or any manipulation 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-10 | Born on or After 1st January 2007 |
| U-12 | Born on or After 1st January 2005 |
| U-14 | Born on or After 1st January 2003 |
| U-16 | Born on or After 1st January 2001 |

5. TOURNAMENT ORGANIZING COMMITTEE:-

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