

BADMINTON

Doubles

*Date : 8th Dec. - 19th Dec.

Venue : D.Y. Patil Sports Academy, Nerul

Gender ☐ Boys ☐ Girls

Age Group ☐ U - 11 ☐ U - 13 ☐ U - 15 ☐ U - 17

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

School Name: _____

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

Participant - 1

Last Name _____

First Name _____

Middle Name _____

SFA ID** : _____



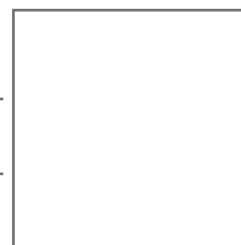
Participant - 2

Last Name _____

First Name _____

Middle Name _____

SFA ID** : _____



Participant's Residential Address:

Participant's Residential Address:

Age: _____ Date of Birth:
Day Month Year

Age: _____ Date of Birth:
Day Month Year

Participant's Contact Information:

Mob: _____
Res: _____
E-mail: _____

Participant's Contact Information:

Mob: _____
Res: _____
E-mail: _____

Emergency Contact (Parent / Guardian):

Name: _____
Mob: _____
Res: _____
E-mail: _____

Emergency Contact (Parent / Guardian):

Name: _____
Mob: _____
Res: _____
E-mail: _____

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1. AGE GROUPS, EVENTS AND DRAWS:-

- The SFA Mumbai 2016 Badminton Tournament will be conducted in accordance with the age groups, events and draw size mentioned in the table below.
- Student entries will be accommodated basis the eligibility criteria set out in Point 4.

Age Groups, Events & Draws			
Sr. No.	Age Group	Draw Size (Boys)	Draw Size (Girls)
1	U-11	32	32
2	U-13	32	32
3	U-15	32	32
4	U-17	16	16

2. TOURNAMENT FORMAT:-

- A knockout tournament will be played across all age groups and event categories for both, boys and girls.
- The matches will be a best of 3 games of 15 points each up till the Pre Quarter Finals. The Quarter Finals, Semi Finals and Finals will be a best of 3 games of 21 points each.
- A team will be allowed to participate in one age group only.

3. RULES & REGULATIONS:-

- The tournament will be conducted as per the rules & regulations laid down by the BWF and BAI (Badminton World Federation and Badminton Association of India).
- 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 preferred).
- 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 Badminton registration desk.
- If the team fails to report 7 minutes after the match is announced the opponent will get a walk over.
- The Badminton Tournament schedule will be published on our website – www.sfanow.in by the 10th November 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 Badminton. Only non-marking / gum sole shoes will be permitted while playing matches.
- Participants will not be allowed to use their mobile phones in the stipulated playing arena.
- 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.
- If any one participant 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.
- In case of any dispute the decision of the Tournament Organizing Committee will be final and binding.
- 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

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4. ELIGIBILITY CRITERIA:-

- Teams 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-11	Born on or After 1 st January 2006
U-13	Born on or After 1 st January 2004
U-15	Born on or After 1 st January 2002
U-17	Born on or After 1 st January 2000

5. TOURNAMENT ORGANIZING COMMITTEE:-

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

PARENT/GUARDIAN CONSENT FORM

Gender ☐ 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

Age: _____

Participant's Contact Information:

Mob: _____

Res: _____

E-mail: _____

Emergency Contact (Parent / Guardian):

Name: _____

E-mail: _____

Mob: _____

Res: _____

For Official Use Only

Form No.: _____

Date: _____

Inwards No.: _____

SFA Rec Stamp

PARENT/GUARDIAN CONSENT FORM

Select the Sports you wish to participate in:

Team Sports:

- ☐ Basketball ☐ Handball ☐ Volleyball ☐ Football ☐ Throwball
- ☐ Hockey ☐ Kho Kho ☐ Kabaddi

Racquet Sports:

- ☐ Tennis (Singles & Doubles) ☐ Table Tennis (Singles & Doubles)
- ☐ Badminton (Singles & Doubles) ☐ Squash

Combat Sports:

- ☐ Karate ☐ Judo ☐ Taekwondo
- ☐ Boxing ☐ Sport Mix Martial Arts ☐ 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 (Individual Sports, Target Sports, Racquet Sports, Combat Sports and Aquatics)
- 2) Rs. 200+ all applicable taxes/ student (Team Sports)
- 3) In case a Student is participating in both team and individual sports (For example : he / she is participating in Tennis and Handball) then he / she will have to pay Rs. 500 +all applicable taxes.

Kindly Note: Payment of the above mentioned fees allows a student to participate in all the sports mentioned in their respective Sports Category.

PARENT/GUARDIAN CONSENT FORM

RELEASE/ WAIVER FORM

In consideration of the acceptance of this application as a participant in the Event, I/we, Mr.----- and Mrs.----- the minor's parent and/or legal guardian hereby agree to assume all risks attendant upon the child while participating in this Event. I/We understand the nature of the activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such event. I/We understand that the (a) the activities involve risks and dangers of serious injury, including permanent disability, paralysis, and death ("risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Event; (c) there may be other risks and social and economic losses either not known to us or not readily foreseeable at this time, and I/we fully accept and assume all such risks and all responsibility for losses, costs, and damages the child/participant incur as a result of participation or that of the minor in the Event

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/Guardian's Signature: