

SWIMMING

Under - 8

Gender ☐ Boys ☐ Girls

Under the aegis of:

School Name: _____

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

Name of the Participant: _____
Last Name _____
First Name _____
Middle Name _____

Participant's
Residential Address: _____

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

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

Please tick the appropriate option (mentioned in the box below)

Under - 8 Boys	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	50m Breaststroke
<input type="checkbox"/>	50m Backstroke
<input type="checkbox"/>	200m Individual Medley

Under - 8 Girls	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	50m Breaststroke
<input type="checkbox"/>	50m Backstroke
<input type="checkbox"/>	200m Individual Medley

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SWIMMING

Under - 10

Gender ☐ Boys ☐ Girls

Under the aegis of:

School Name: _____

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

Name of the Participant: _____
Last Name _____
First Name _____
Middle Name _____

Participant's
Residential Address: _____

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

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

Please tick the appropriate option (mentioned in the box below) | *In relay all participants in a team should be from the same school

Under - 10 Boys	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	50m Breaststroke
<input type="checkbox"/>	50m Backstroke
<input type="checkbox"/>	200m Individual Medley

Under - 10 Girls	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	50m Breaststroke
<input type="checkbox"/>	50m Backstroke
<input type="checkbox"/>	200m Individual Medley

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SWIMMING

Under - 12

Gender ☐ Boys ☐ Girls

Under the aegis of:

School Name: _____

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

Name of the Participant: _____
Last Name _____
First Name _____
Middle Name _____
Participant's Residential Address: _____

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

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

Please tick the appropriate option (mentioned in the box below) | *In relay all participants in a team should be from the same school

Under - 12 Boys	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	50m Breaststroke
<input type="checkbox"/>	50m Backstroke
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	200m Individual Medley

Under - 12 Girls	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	50m Butterfly
<input type="checkbox"/>	50m Breaststroke
<input type="checkbox"/>	50m Backstroke
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	200m Individual Medley

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SWIMMING

Under - 14

Gender ☐ Boys ☐ Girls

Under the aegis of:

School Name: _____

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

Name of the Participant: _____
Last Name _____
First Name _____
Middle Name _____

Participant's
Residential Address: _____

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

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

Please tick the appropriate option (mentioned in the box below) | *In relay all participants in a team should be from the same school

Under - 14 Boys	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	100m Butterfly
<input type="checkbox"/>	100m Breaststroke
<input type="checkbox"/>	100m Backstroke
<input type="checkbox"/>	200m Individual Medley

Under - 14 Girls	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	100m Butterfly
<input type="checkbox"/>	100m Breaststroke
<input type="checkbox"/>	100m Backstroke
<input type="checkbox"/>	200m Individual Medley

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SWIMMING

Under - 16

Gender ☐ Boys ☐ Girls

Under the aegis of:

School Name: _____

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

Name of the Participant: _____
Last Name _____
First Name _____
Middle Name _____

Participant's
Residential Address: _____

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

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

Please tick the appropriate option (mentioned in the box below) | *In relay all participants in a team should be from the same school

Under - 16 Boys	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	100m Butterfly
<input type="checkbox"/>	100m Breaststroke
<input type="checkbox"/>	100m Backstroke
<input type="checkbox"/>	200m Individual Medley

Under - 16 Girls	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	100m Butterfly
<input type="checkbox"/>	100m Breaststroke
<input type="checkbox"/>	100m Backstroke
<input type="checkbox"/>	200m Individual Medley

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SWIMMING

Under - 18

Gender ☐ Boys ☐ Girls

Under the aegis of:

School Name: _____

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

Name of the Participant: _____
Last Name _____
First Name _____
Middle Name _____

Participant's
Residential Address: _____

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

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

Please tick the appropriate option (mentioned in the box below) | *In relay all participants in a team should be from the same school

Under - 18 Boys	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	100m Butterfly
<input type="checkbox"/>	100m Breaststroke
<input type="checkbox"/>	100m Backstroke
<input type="checkbox"/>	200m Individual Medley

Under - 18 Girls	
<input type="checkbox"/>	50m Freestyle
<input type="checkbox"/>	100m Freestyle
<input type="checkbox"/>	100m Butterfly
<input type="checkbox"/>	100m Breaststroke
<input type="checkbox"/>	100m Backstroke
<input type="checkbox"/>	200m Individual Medley

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SWIMMING

1. AGE GROUPS & EVENTS:-

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

Age Groups & Events		
Sr. No.	Age Groups	Events
1	U-8	All Four Strokes: 50m Races, 4x50m Freestyle & Medley Relay, 200m Individual Medley
2	U-10	All Four Strokes: 50m Races
3	U-12	All Four Strokes: 50m, 100m Freestyle, 200m Individual Medley
4	U-14	All Four Strokes: 100m Races, 50m Freestyle, 200m Individual Medley
5	U-16	All Four Strokes: 100m Races, 50m Freestyle, 200m Individual Medley
6	U-18	All Four Strokes: 100m Races, 50m Freestyle, 200m Individual Medley

3. RULES & REGULATIONS:-

- Every participant must carry his/her school ID along with age proof at all times during the competition. 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 venues main registration desk 45 minutes prior to his/her scheduled event.
- The participant has to report 15 minutes prior to his/her scheduled event time at The Swimming registration desk.
- The Swimming Competition schedule will be published on our website – www.sfanow.in 30 days prior to SFA Mumbai 2016.
- Any participant is found over age or with any manipulation in his/her documents, will be disqualified without any kind of prior intimation.
- Participants must wear appropriate swimwear.
- Every swimmer must carry his/her swimming goggles and cap at all times during the event.
- The Competition Organizing Committee has the right to postpone or cancel the competition 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 Competition Organizing Committee will be final and binding.
- No player 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 on the following:
 - +91 7045684365/66/67
 - info@sfanow.in

4. ELIGIBILITY CRITERIA:-

- Students from schools registered with Sports For All will get first preference for participation.
- The below mentioned age criteria will be considered:-

Age Groups & Cut Off Dates	
Age Groups	Cut off Dates
U-8	Born on or After 1 st July 2008
U-10	Born Between 1 st July 2006 - 30 th June 2008
U-12	Born Between 1 st July 2004 - 30 th June 2006
U-14	Born Between 1 st July 2002 - 30 th June 2004
U-16	Born Between 1 st July 2000 - 30 th June 2002
U-18	Born Between 1 st July 1998 - 30 th June 2000

5. COMPETITION ORGANIZING COMMITTEE:-

- Competition Director.
- Competition Referee.
- SFA Representative.