WYSF INDIA YOG SPORTS FEDERATION

ENTRY FORM FOR TEAM CHAMPIONSHIP

11th NATIONAL YOG SPORTS CHAMPIONSHIP

10th to 12th JULY 2026, MANDSAUR (MP)

- Form should be filled in **ENGLISH** only.
- Use **CAPITAL LETTERS** only, throughout the entry form.

Name of Unit/Invitee: _____

Date: _____ Total Participants: _____ Male/Female: _____

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Mini Above 06 to 10 Yr.**			
2.				
3.				
4.				
5				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Sub Junior Above 10 to 14 Yr.**			
2.				
3.				
4.				
5				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Junior Above 14 to 18 Yr.**			
2.				
3.				
4.				
5				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Senior Above 18 to 30 Yr.**			
2.				
3.				
4.				
5				

Name of the Coach: _____ Mob. No.: _____

Name of the Manager: _____ Mob. No.: _____

Signature of Unit Secretary with seal

WYSF INDIA YOG SPORTS FEDERATION

ENTRY FORM FOR INDIVIDUAL COMPETITION

11th NATIONAL YOG SPORTS CHAMPIONSHIP

10th to 12th JULY 2026, MANDSAUR (MP)

- Form should be filled in **ENGLISH** only**.**
- Use **CAPITAL LETTERS** only, throughout the entry form.

Name of Unit/Invitee: _____

Date: _____ Total Participants: _____ Male/Female: _____

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Mini Above 06 to 10 Yr.**			
2.				
3.				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Sub Junior Above 10 to 14 Yr.**			
2.				
3.				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Junior Above 14 to 18 Yr.**			
2.				
3.				

No.	Age Group	Name of Competitor	Father`s Name	Date of Birth
1.	**Senior Above 18 to 30 Yr.**			
2.				
3.				

Name of the Coach: _____ Mob. No.: _____

Name of the Manager: _____ Mob. No.: _____

Signature of Unit Secretary with seal

WYSF INDIA YOG SPORTS FEDERATION

APPLICATION FORM FOR PLAYER REGISTRATION

11th NATIONAL YOG SPORTS CHAMPIONSHIP

10th to 12th JULY 2026, MANDSAUR (MP)

- Form should be filled in **ENGLISH** only.
- Use **CAPITAL LETTERS** only, throughout the entry form.
- Attach Photo Copy of **AADHAAR CARD** and **2 PHOTOS** (3.5x4.5 cm).

Paste photo and verify from Secretary/HOD of Institution/ Dept.

1. State/Unit : _____
2. Age Group : Mini/Sub Junior/Junior/Senior
3. Category : Male/Female
4. Event : Team/Individual
5. Name : _____
6. S/o, D/o, W/o : _____
7. Date of Birth : _____
8. Full Residential Add. : _____

   : _____
9. Contact No. : _____
10. Email Address : _____
11. Aadhaar Card No. : _____
12. Passport No. : _____ : Place of Issue : _____

    Date of Issue: _____ : Date of Expiry: _____

DECLARATION

I agree that I participate (and my parent/guardian agrees that I participate) in the Yog Sports at my own risk and fully responsible for any type of accidental, physical, financial or loss incurred during the Training/Championship/Competition or Tour (Included Journey Period) and I have read, understood, acknowledge and agree to the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation including the warning, exclusion of implied terms, release and indemnity. **For competitors under the age of 18 year a parent or guardian must also sign this declaration.**

Date: _____ _____ _____

Place: _____ Signature of Applicant Signature of Parents/Guardians

DECLARATION

I hereby declare that the information given above is true and Player who are representing our Unit. I have carefully read and accepted the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation.

Signature of Unit Secretary with seal

For office use only

Sr. No:

Reg. No:

I card No:

Certificate No:

WYSF INDIA YOG SPORTS FEDERATION

APPLICATION FORM FOR COACH/MANAGER REGISTRATION

11th NATIONAL YOG SPORTS CHAMPIONSHIP

10th to 12th JULY 2026, MANDSAUR (MP)

- Form should be filled in **ENGLISH** only.
- Use **CAPITAL LETTERS** only, throughout the application form.
- Attach Photo Copy of **AADHAAR CARD** and **2 PHOTOS** (3.5x4.5 cm).
- (M) Male Team, (F) Female Team.

Paste photo and verify from Secretary/HOD of Institution/ Dept.

1. State/Unit : _____
2. Designation : Coach(M)/Coach(F)/Manager
3. Gender : Male/Female
4. Name : _____
5. S/o, D/o, W/o : _____
6. Date of Birth : _____
7. Full Residential Add. : _____
   : _____
8. Contact No. : _____
9. Email Address : _____
10. Aadhaar Card No. : _____
11. Passport No. : _____ : Place of Issue : _____
    Date of Issue: _____ : Date of Expiry: _____

DECLARATION

I agree that I participate in the Yog Sports at my own risk and fully responsible for any type of accidental, physical, financial or loss incurred during the Training/Championship/ Competition or Tour (Included Journey Period) and I have read, understood, acknowledge and agree to the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation including the warning, exclusion of implied terms, release and indemnity.

Date: _____

Place: _____

_____

Signature of Applicant

DECLARATION

I hereby declare that the information given above is true and Coach/Manager who are representing our Unit. I have carefully read and accepted the rules, regulations, terms and conditions of the WYSF India Yog Sports Federation.

Signature of Unit Secretary with seal

For office use only

Sr. No:

Reg. No:

I card No:

Certificate No: