



YOGA ASSOCIATION OF THIRUVANANTHAPURAM

(Recognised by kerala state sports council and affiliated to yoga Federation of India)

Upasana, BLRA 24 , Near Vikasbhavan Police Quarters, PMG Jn., TVPM, Kerala PIN 695033

Mobile: +91 9447010719, 7907238087, 9947982897

E-mail ID: yogaassociationtvpm@gmail.com, yogatvmchampionship@gmail.com

RISK CERTIFICATE/DECLARATION/UNDERTAKING BY THE COMPETITOR

Name of the Association _____

To affix Latest
Coloured
Passport size
photo of the
Candidate

1.	Name of the Competitor (in Capital letters)	
2.	Date of Birth	
3.	Father's Name	
4.	Mother's Name	
5.	Home Address	
6.	Phone/Mobile No.	
7.	e-mail:	
8.	YFI Player Registration No.	

I, do hereby undertake that I will abide by the Rules and Regulations of the State Yogasana Sports Championship and myself alone will be responsible for any untoward incidence, if occurred, during travelling or during my stay at the place of the Championship or during State Yogasana Sports Championship under no circumstances, I will held either the State Yoga Association or the Organizers of the Championship, responsible for any such incidence.

SIGNATURE OF THE COMPETITOR

SIGNATURE OF PARENTS

SIGNATURE OF DISTRICT SECRETARY

DATED:-.....