Shree Ram Sea Swimming Club Swimathon-2026

Participant Name:	D.O	.B
Participating Events:		
Perm	ission letter of participant against risk	
responsibility. During comporganizers will no be respounderstood all rules and reg	vagree to take part in the competition etition, in case of any damage, acciden nsible. I will be wholly responsible for gulation of competition. If I fail to follow he disciplinary action taken by organization.	nt, injury or death, the that. I have read and w them during or after
Place:	Sign of Participant:	
Date:	Name of Participant :	
Permissi	on letter of Father / Guardian for Min	ors
I		
address		
City	declare that my	
competition is risky and ac	participate in the "Swimathon-2026". dventurous. The organizers will not b , if at all happens to my son/d	e responsible for any
Place :	Sign of Guardian:	
Date :	Name of father / guardian	
	Doctor's fitness Certificate	
1)Name of Participant		
	_3) Height (cms) : 4) Wei	 ight (kg):
5) Any heart or lung disease	? yes / no	
6) Any major diseases?	yes / no	
Doctors Opinion: It is here by certified that M	lr./ Mrs	
Is physically fit to participate	e in swimming event. His/Her lungs and	d heart are capable of
taking extra stress of Swimr	ning long distances.	
Date :	Seal & Signature of Docto	or
Place :		

(This document needs to be presented at the time of reporting on 3rd January.)