KHEL KARATE CHAMPIONSHIP 2026

REGISTRATION / CONSENT FORM

18–19 JULY 2026 | TALKATORA INDOOR STADIUM, NEW DELHI | ORGANIZED BY KHEL KARATE SPORTS INDIA

PARTICIPANT DETAILS

FULL NAME _____ DATE OF BIRTH _____ AGE _____ BLOOD GROUP _____

SEX _____ WEIGHT (KG) _____ STUDENT CONTACT NO. _____

FATHER'S / MOTHER'S NAME _____

PERMANENT ADDRESS _____

POLICE RECORD / MEDICAL AILMENT _____ IF YES, DETAILS _____

☐ **Yes** ☐ **No**

EVENT SELECTION

☐ **Individual Kumite** ☐ **Individual Kata** ☐ **Senior Open Kumite**

DISCLAIMER / CONSENT DECLARATION

I, the undersigned participant/parent/guardian, hereby give my consent for participation in **Khel Karate Championship 2026**, scheduled to be held on **18–19 July 2026** at **Talkatora Indoor Stadium, New Delhi**. I understand and acknowledge that karate, kumite, kata, warm-up, competition, and related activities involve inherent physical risks, including injury, accident, strain, collision, or medical emergency.

I voluntarily agree to participate/allow the participant to participate in the championship and release the organizers, organizing committee, officials, referees, judges, instructors, coaches, volunteers, opponents, venue authorities, sponsors, and associated persons from liability for any injury, loss, accident, or damage sustained during the event.

I certify that the participant is physically and medically fit to participate. In case of medical emergency, I authorize the organizers/event officials to arrange necessary medical assistance or emergency treatment, and accept responsibility for any medical expenses incurred. I agree that the participant must follow championship rules, safety instructions, referee decisions, and discipline standards. Any misconduct, false declaration, rule violation, or unsportsmanlike behaviour may result in disqualification or removal from the event without refund.

I grant permission to Khel Karate Sports India and Khel Karate Championship 2026 to use photographs, videos, interviews, recordings, or likeness of the participant for event documentation, media coverage, social media, promotional material and future championship publicity.

SIGNATURES

_____ _____

SIGNATURE OF APPLICANT PARENT / GUARDIAN SIGNATURE

Parent / Guardian signature required in case of a minor participant.

DATE _____

ACADEMY / SCHOOL VERIFICATION

It is certified that, as per records available with the academy / school, the participant details are correct and verified. The coach / representative named below will be responsible for team management and shall serve as the emergency contact for injuries during the championship.

NAME OF ACADEMY / SCHOOL _____

NAME OF COACH / REPRESENTATIVE _____ CONTACT NUMBER _____

_____ _____

SIGNATURE OF COACH / REPRESENTATIVE SIGNATURE OF HEAD / PRINCIPAL WITH SEAL

DATE _____