

Declaration Form for Participation in Athletic Meet

(To be Submitted by all learners)



Personal Details:

Name: _____

Enrollment Number: _____

Age: _____

Contact Number: _____

Declaration

I, _____ (name), hereby declare that:

1. I am voluntarily participating in the athletic meet organized by Sreenarayanaguru Open University.
2. I have been informed of the nature of the activities and competitions involved.
3. I am in good physical and mental health to participate in the events. I take full responsibility for assessing my fitness level for such participation.
4. I will abide by the rules and regulations of the event and follow the instructions provided by the organizers.
5. I understand that the university will take necessary safety measures; however, I will not hold the organizers responsible for any injury, accident, or unforeseen circumstances that may occur during my participation.
6. I undertake to inform the organizers immediately in case of any discomfort or health issues during the event.

Signature of the Learner: _____

Date: _____

Emergency Contact Details:

Name of Contact Person: _____

Relationship: _____

Contact Number: _____



CERTIFICATE OF MEDICAL FITNESS

(To be filled by learners above the age of 25)

PERSONAL DETAILS

1. Name of the Learner: _____

2. Date of Birth & Age: _____

3. Gender: _____

4. Height: _____

5. Weight: _____

6. BP: _____

7. Pulse: _____

8. Cardiovascular System:

9. Central nervous System:

10. Musculoskeletal System:

11. Any Surgeries or procedures done:

If yes please specify _____

12. Has this person been diagnosed or taken treatment for cancer or Psychiatric illness:

If yes please specify _____

13. In case of women,

Please specify whether pregnant or not - Yes/No

CERTIFICATE

(To be issued by a doctor not below the rank of a Civil Surgeon)

Certified that _____ aged ____ having date of birth

_____ is physically and mentally fit to participate in SGOU Athletic

Meet 2025. He/She is not suffering from communicative diseases at present.

Name of the Practitioner:

Signature:

Registration Number:

Stamp / Seal:

Date:

Place: