

The Bombay Presidency Radio Club Limited

Date: - _____

ENTRY FORM SENIOR MEMBERS' HEALTH CLUB TOURNAMENT 2026 FROM THURS. 9th JULY TO SUN. 12th JULY

SEPARATE EVENTS FOR GENTS & LADIES

PARTICIPANT MUST PARTICIPATE IN MINIMUM TWO EVENTS TO BE ELIGIBLE TO TAKE PART IN THIS TOURNAMENT

Member's Name Mr. / Mrs. / Ms.: _____ Membership No. _____ M / F

Participant's Name Mr. / Mrs. / Ms.: _____ Date of Birth: _____ Age: _____

Mobile No: _____ Email: _____ Emergency Contact - _____

I wish to enter the following Events: - (PLEASE MARK ' X ' FOR MINIMUM TWO EVENTS)

EVENTS	60 Yrs. & above (25/07/1966)	WEIGHT _____ TIMING	Trainer's Name for recording	Date & Time of recording
STAMINA				
CYCLING 10 MINUTES				
RUNNING ON TREAD MILL 10 MINUTES (DISTANCE BASE)				
ELLIPTICAL 10 MINUTES (DISTANCE BASE)				
ROWING 500 METERS (TIME BASE)				
STRENGTH				
BENCHPRESS (3 ATTEMPTS ONLY)				
SQUATS (3 ATTEMPTS ONLY)				
BICEP CURL (3 ATTEMPTS ONLY)				
FREE HAND EXERCISE				
PUSH-UPS (1 MINUTE)				
PULL-UPS (1 MINUTE)				
PLANK (TIME BASE)				
DEAD HANG (TIME BASE)				
TOTAL NO. OF EVENTS				

NOTE:

PARTICIPANTS CAN COME BETWEEN 8.00 AM. TO 12.00 NOON & 4.00 PM. TO 9.00 PM. FROM THURS. 9TH JULY TO SUN. 12TH JULY & MEET THE TRAINER ON DUTY TO RECORD THEIR TIMINGS / PARTICIPATION IN THE TOURNAMENT EXCEPT FOR EVENTS UNDER FREE HAND EXERCISE WHERE TIMINGS WOULD BE RECORDED. IT IS THE RESPONSIBILITY OF THE PARTICIPANT TO ENSURE THEIR TIMING IS PROPERLY RECORDED BY THE TIMEKEEPER. TIMING ONCE GIVEN CANNOT BE GIVEN AGAIN. A PARTICIPANT MUST PARTICIPATE IN MINIMUM TWO EVENTS TO BE ELIGIBLE TO TAKE PART IN THE TOURNAMENT.

ADMISSION: ₹. 200/- PLUS TAXES AS APPLICABLE PER EVENT (MIN 2 EVENTS), ₹. 600/- PLUS TAXES AS APPLICABLE FOR 3 TO 4 EVENTS & FOR UNLIMITED PARTICIPATION WILL BE ₹. 1200/- PLUS TAXES AS APPLICABLE.

LAST DATE FOR ENTRIES IS SUN. 5TH JULY TILL 6.00 P.M. UPON ENROLLING THE PARTICIPANT CONFIRMS THAT HE / SHE IS PHYSICALLY FIT FOR THE TOURNAMENT. THE CLUB IS NOT RESPONSIBLE IN THE EVENT OF ANY INJURY CAUSED TO THE PARTICIPANT OF THE TOURNAMENT. THE EVENTS ARE SUBJECT TO CHANGES | ALTERATIONS | CANCELLATION. TOURNAMENT SUBJECT TO ADEQUATE ENTRIES. IN CASE OF LESS THAN 2 ENTRIES IN ANY EVENT, THE EVENT WILL BE CANCELLED. THIS FORM MUST BE SUBMITTED TO THE ADMIN OFFICE BETWEEN 10.00 A.M. TO 6.00 P.M. OR THE HEALTH CLUB RECEPTION. DECISION OF THE TOURNAMENT DIRECTORS WILL BE FINAL. NO REFUNDS TO ANY PARTICIPANTS FOR ANY CANCELLATION AFTER SUBMISSION OF THE FORM.

FOR PARTICIPANTS 60 YRS. & ABOVE, IF NOT HEALTH CLUB MEMBER A DOCTOR FITNESS CERTIFICATE WILL BE REQUIRED FOR PARTICIPATION.

I UNDERSTAND THAT THE CLUB IS NOT RESPONSIBLE FOR ANY INJURIES TO ME DURING THE TOURNAMENT. I UNDERSTAND THAT THE DECISION OF THE TIME KEEPERS AND TOURNAMENT DIRECTORS WILL BE FINAL.

I GIVE MY CONSENT FOR VIDEO RECORDING (ONLY FOR FREE HAND EVENTS) FOR CHECKING OF THE FORM BY THE EVENT JUDGES. INCASE THE FORM IS INCORRECT FOR THE EVENT, THE JUDGE HAS THE RIGHT TO DISQUALIFY THE PARTICIPANT AND VOID THE TIMING.

Participant's / Members Signature _____

Name:

Tel:

P.T.O. FOR THE RULES & DETAILS OF THE HEALTH CLUB TOURNAMENT.

For Office Use Only:

Total No. of Events:

Total Charges:

Billed to Member:

There will be no title for the Senior Citizens as the Event will be taken as a Fun Event for Participation. Winner and Runner Up of each event will be felicitated with a Medal and Certificate.

Prize Distribution Date & Time will be informed during the Tournament.

IN CASE OF LESS THAN 2 ENTRIES IN ANY EVENT, THE EVENT WILL BE CANCELLED.

TOURNAMENT IS OPEN FOR MEMBERS OF RADIO CLUB ONLY. MEMBERS ARE REQUESTED TO CARRY THEIR RFID MEMBERSHIP CARDS. MEMBERS' GUESTS, SHORT - TERM, SERVICE, TEMPORARY & RECIPROCAL MEMBERS ARE NOT PERMITTED TO PARTICIPATE IN THE TOURNAMENT.

PLEASE REFER NOTICE BOARD / WEBSITE / MOBILE APP FOR TOURNAMENT NEWS & UPDATES.

FOR OFFICE USE

It has been verified that the Participant is a Member of the Club & all other details mentioned in the Form including the Age & Age Group has been verified:

(Signature of Staff).

Date of Entry - _____

Billing Voucher number. - _____

Date - _____

Dr. Certificate Date: -	
Doctors Name: -	
Doctor Certified letter received on -	
Checked by Staff Name:	