

The Bombay Presidency Radio Club Limited

157, Arthur Bunder Road, Colaba, Mumbai – 400 005

CIN NO: -U99999MH1928GAP001372

Club GST Reg. No: 27AAACT4948F1Z8

Tel No :- 2284 5123/ 2284 50 25/ +91 9167863022/ +91 9167863004

Email: admin@radioclub.co.in Website:- www.radioclub.in

Date: - _____

ENTRY FORM SENIOR MEMBERS HEALTH CLUB TOURNAMENT 2025 FROM FRI. 25th JULY TO TUE. 29th 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)

<u>EVENTS</u>	60 Yrs. & above (25/07/1965)	WEIGHT TIMING	Trainer's Name for recording	Date & Time of recording
<u>STAMINA</u>				
CYCLING 10 MINUTES				
RUNNING ON TREAD MILL 10 MINUTES (DISTANCE BASE)				
ELLIPTICAL 10 MINUTES (DISTANCE BASE)				
ROWING 500 METERS (TIME BASE)				
<u>STRENGTH</u>				
BENCHPRESS (3 ATTEMPTS ONLY)				
SQUATS (3 ATTEMPTS ONLY)				
BICEP CURL (3 ATTEMPTS ONLY)				
<u>FREE HAND EXERCISE</u>				
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 FRI. 25TH JULY TO TUE. 29TH 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 MON. 21ST 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:

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

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

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:

Date of Entry - _____

Date - _____

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