

Reg.no.337/2021 Tc 30/285(2),Pottivilakam Kallumoodu, Anayara p.o. Thiruvanathapuram 695029 E-mail: karatetrivandrum@gmail.com Web: www.karatetrivandrum.com Call: 9526412121

## ATHLETE REGISTRATION FORM

Name :					
Gender	Age & Date of birth				
Aadhaar NO					
Name of Parent / Guardian					
Address:					
Post office:	District:		Pin:		
Phone:	E-mail:		Whats app:		
Club Name:		SKAT reg. No. Of Club:			
Name of Coach					

## Dear Sir,

I would like to register as an athlete in SKAT. As an athlete, I promise to abide by all the rules and regulations of SKAT.

Date:	Name & Signature	Name & Signature	Name & Signature
Place	Coach	Parent	Athlete

OFFICE USE ONLY				
Induction date:	Registration type: new / renew	ID Card no.:		
Expiry date	Registration fee:	Receipt no.		
Rejection and details:				