



OPEN SEA SWIMMING COMPETITION (OSSC)
CONDUCTED BY INDIAN NAVY

ENTRY FORM FOR PARTICIPANT

Date of OSSC 2016: 17 Nov 16

Please Tick (✓) the respective box as per your category. The age should be **at least 14 years** as on 17 Nov 2016. (Participant's DoB should be **17 Nov 2002** or **before it**).

1. Gender: M F

2. Category:
Boys (14-16 yrs) **Girls** (14-16 yrs)

Men (>16-50 yrs) **Women** (>16-50 yrs)

Veterans (MEN, > 50 yrs) **Veterans** (WOMEN, > 50 yrs)

Differently Abled

DEAF&DUMB (MEN) **DEAF&DUMB (WOMEN)**

PHISICALLY HANDICAPPED
MEN **WOMEN**

3. Name in BLOCK CAPITAL Letters (Master/Miss/Mr/Mrs/Rank): _____

4. Name of Parent / Guardian: _____

5. Relation with Guardian (if not the Parent): _____

6. Address: _____

_____ Pin _____ Phone: _____ Mobile: _____

(Confirmation of receipt and acceptance /rejection of entry form will be intimated by SMS on given mobile no.)

7. Date of Birth (DD/MM/YEAR): / . / , Age: _____ years _____ months.

8. Profession / Service: _____

9. If participated in OSSC before, mention year and give position: _____

10. Best two swimming achievements with proof: _____

11. Indemnity Bond (no entry will be accepted without Indemnity Bond): Submitted along with 'Entry Form' – Yes / No
12. Accommodation required for self/attendant? (**For out-station participants only**):
Self – Yes / No
Attendant – Yes / No

Note : Accommodation will be provided for **01 attendant only** depending on availability for **participants in Boys, Girls and Differently Abled Categories only**.

I, the undersigned swimmer, certify that the above mentioned particulars are correct to the best of my knowledge and I can swim / float for a minimum period of one hour and I am medically fit for the race.

Date: __/__/____

Place:

 Parent's/Guardians Sign

 Swimmer's Sign

(in case of minors)

Please attach following:-

'Proof of Age'

-

'Certificate of Medical Fitness (signed by a valid medical practitioner)'

-

'Proof of achievement'

-

Note :-

☞ All forms should be sent by Speed/Registered Post and should reach by **04 Nov 16** on the following address:-

The Chief Coordinator, OSSC 2016

(for Base Commander)

INS Vajrabahu, Naval Dockyard

Mumbai – 400023

Tele – 022 – 22751839, FAX – 022 – 22662686, 9967605779

☞ Participants are to report at 0330 hrs on 17 Nov 16 at following address for registration:-

INWTC (Sailing Club), Pilot Bunder Road, Colaba, Mumbai – 400005

☞ Participants reporting after 0430 hrs on 17 Nov 2016 will not be allowed for the race.

☞ Participants under the age of 14 years on 17 Nov 2016 will NOT BE PERMITTED.

☞ Participants **will not be permitted to participate in the race if found to be medically unfit during the final medical checkup at the venue.**

☞ Accommodation (on first come first serve basis) for first 50 participants + 01 attendant will be made available in dormitories at following address (on payment basis):-

'Sagar' (Sailors Home), Wodehouse Road, Colaba Mumbai 400039

☞ Participants desires for private rooms/ late arrivals (after first 50 participants) are to make private arrangements for accommodation.

Contact us

Website – <http://navydayopenseaswimming.gov.in>

e-mail – inoss@gmail.com



FORM OF INDEMNITY

To,
The President of India,

I (Name of the swimmer): _____
who is a minor and of whom I am legal / natural guardian (strike off if not applicable), is/am taking part in Open Sea Swimming Competition, being conducted by the Western Naval Command of the Indian Navy, at my request. I undertake and agree that neither I, nor my executors or administrators or other legal representatives will make any claim against Government of India or against any Officer or Sailor or any Employee of the Indian Navy or against any person in the service of Government of India in respect of any loss or injury to property or person including injury resulting in death which I / the said minor (Name of the minor): _____ (strike off if not applicable) may suffer, while he/she is (strike off if not applicable) participating in the 'Open Sea Swimming Competition' and I understand and agree that no compensation will be paid by the Government of India in respect of any such loss or injury and I further agree so as to bind myself, my heirs, my executors and administrators to indemnity for you or any Officer or Sailor or Employee of Indian Navy and any person in the service of Government of India against any claim which may be made by any third party against you or them or any of them arising out of any act or default on my / the said minor's (strike off if not applicable) part during or in connection with Open Sea Swimming Competition conducted by the Western Naval Command of the Indian Navy.

Dated the _____ day of _____ 20__ __.

Witness' Sign: _____

Signature: _____

[Parent's/Guardians Sign(if swimmer is minor)]

Name of Witness: _____

Name: _____

Address of Witness: _____

Address: _____

Tel No: _____

Tel No: _____

*******for Office use only*******

ACCEPTED / REJECTED

Date: _____

for and on behalf of
THE PRESIDENT OF INDIA