

DELHI GAMES – 2025

(Organized by Delhi Olympic Association Regd.)

Registration Form

Event Details:

Event Name: Delhi Games 2025 | **Dates:** 20th May 2025 to 27th May 2025

Venue: Tal Katora Sports Stadium and other Designated Venues

Organized By: Delhi Olympic Association (Regd.)

Participant Details

1. Full Name: _____

2. Gender: ☐ Male ☐ Female ☐ Other

3. Date of Birth: _____ 4. Age (as of 1st January 2025): _____

5. Address: _____

City: _____ State: _____ Pin Code: _____

6. Contact Number: _____ 7. Email ID: _____

8. Sports Discipline: _____

9. Size: **Track Suit** | **T-Shirt** | **Shoes**

Team/Individual Event

Individual Participant

Team Event (Team Name: _____)

Coach/Manager Details (if applicable)

1. Name of Coach/Manager: _____

2. Contact Number: _____ 3. Email ID: _____

Medical Information

1. Do you have any medical conditions? ☐ Yes ☐ No

If yes, please specify:

2. Emergency Contact Person: _____

3. Emergency Contact Number: _____

Declaration

I, _____ (Participant's Name), hereby declare that all the information provided above is true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of the Delhi Games 2025 and understand that the organizing committee reserves the right to disqualify me if any information is found to be false.

Signature of Participant:

Date:

Note: Last date for registration: 01/05/2025

For any queries, contact: VAIBHAV TYAGI (7060502837)

Sponsor's

