TEAM REGISTRATION FORM

The Convener - SPARDHA 2026 - International Sports Olympiad
City Montessori School, RDSO Campus, Lucknow, INDIA
Phone: + 91-7897174022, +91-9935123333
Email: spardha@cmseducation.org, rdso@cmseducation.org website:www.cmseducation.org/spardha

Dear Madam,

Please register my school team in SPARDHA 2026 - International Sports Olympiad. We have gone through your brochure/ web page and agree to all the rules and regulations. Particulars of my school are mentioned below as per your requirement.

PARTICULARS OF THE SCHOOL / INSTITUTION

Name of Institution :_____

Address :_____

City :_____State:_____Country:_____

PIN/Zip Code :_____Contact No.:_____,_____

E-mail :_____

Name of Team Leader / Manager :_____Mobile:_____

Name of Deputy Team Leader / Coach : _____Mobile:_____

S. No.	Name of the Participant (First Name Surname) (Block Letters only)	Gender (M / F)	Date of Birth (DD-MM-YYYY)	Discipline	Events
				(Go to page no. 12 to 17 of the brochure)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

EVENT WISE PARTICIPANTS

S.No.	Event	Total number of Participants
1	Track and Field	
2	Badminton	
3	Judo	
4	Karate	
5	Move & Groove - Dance Aerobics	[Maximum 1]
6	Brush and Beyond	OPEN FOR ALL

SCAN ME

SUMMARY: No. of Team members [Participants + Team Leader / Deputy Team Leader]

Male _____ Female _____ Total:_____

Signature: _____ Head of Institution :_____ Seal

REGISTRATION FORM

PARTICIPANT / OFFICIAL / TEAM LEADER / TEAM DEPUTY LEADER

Name of the School : .....

Name (in Capital Letters) : .....

Father's Name : .....

Date of Birth : .....

(DD-MM-YYYY) : .....Gender (M/F) .....

Photo signed by Principal/ Head of the Institution

Age as on 27th October 2026 : _____ Years _____ Month _____ Day

Discipline : Track & Field ☐ / Badminton ☐ / Karate ☐ / Judo ☐ / Move & Groove ☐

(A CHILD CAN PARTICIPATE ONLY IN ONE DISCPLINE)

Events : 1._____ 2. _____

3. _____ 4. ☐ Relay Race (4 x 100 Meter)

In case of Karate and Judo, Kindly mention Weight (in Kgs) _____

Signature of the Participant : _____

Signature of the Team Leader / Coach : _____

Signature of the Principal of the Participating School : _____

School Seal

Points to Note and Remember

- Kindly get the photocopies of the Registration Form as per your team size.
- Submit all the registration forms (in Original) and Medical Fitness Certificates during registration of your team at venue.
- Kindly bring one stamp sized coloured photo for the I-card.
- NO CHANGES WILL BE ENTERTAINED AFTER FINAL REGISTRATION.

SCAN ME