

Maharashtra State Amateur Aquatic Association

Affiliated to
SWIMMING FEDERATION OF INDIA & MAHARASHTRA OLYMPIC ASSOCIATION

Mr. Anand Mane

Hon. President

Shashikunj, Near Mahaveer College
10 Vishalgadkar Parisar, Nagala Park,
Kolhapur, Maharashtra – 416003
Contact : +91 9822198002
Email ID : anandsmane@yahoo.com



Mr. Rajendra Palkar

Hon. General Secretary

18/B, 405 Ajinkya Apartment CHS,
Bimbisar Nagar, Goregaon(East),
Mumbai, Maharashtra - 400065
Contact : +91 9322862062
Email ID : rajupalkar@gmail.com

62nd Sunk Rock Ocean Swimathon 2026

Conducted by Maharashtra State Amateur Aquatic Association

PARTICIPATION FORM FOR SUPPORTING DOCUMENTS

Name in Capital Letters

Master / Miss / Mr. / Mrs. / Ms.: _____

Full Address: _____

Date of Birth: DD / MM / YYYY

Age: _____

Gender: Male/Female

Group: _____

Event: 1km / 2 kms / 5 kms

Contact No.: _____

Email ID: _____

Name & Signature of the Coach

Name, Signature of Secretary and Seal of District Association

Contact No.: _____

Contact No.: _____

Email ID: _____

Email ID: _____

MEDICAL CERTIFICATE

This is to certify that I have examined Master / Miss / Mr. / Mrs. / Ms.: _____ and found that He/She is Physically & Mentally fit for Swimming in said 62nd Sunk Rock Ocean Swimathon 2026, Conducted by Maharashtra State Amateur Aquatic Association (M.S.A.A.A.) as per my knowledge.

Date: DD / MM / YYYY

Doctor's Name, Signature, Stamp & Registration No.

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CONFIRMATION OF DATE OF BIRTH

This is to certify that _____ is a bonafide Student of our Institution /School/College and studying in _____. His / Her Date of Birth as per our records is DD / MM / YYYY

Name, Signature of Principal

Seal of School/college/Institution

INDEMNITY BOND

(Note: For Group VII the Indemnity Bond should be on Rs 100/- stamp paper & and notarized by notary)

I, Mr./Mrs. _____ will be participating in the 62nd Sunk Rock Ocean Swimathon 2026, Conducted by Maharashtra State Amateur Aquatic Association (M.S.A.A.A.) in the Arabian Sea at the Gateway of India, Mumbai on Sunday 22nd February 2026 for distance of 1 km/2 km/5 km.

I hereby state/declare that I am taking part in this event at my own risk & consequences and shall not hold anyone else (Organization/ Institution/ Individuals) responsible in any manner in case of injury, accident including temporary & permanent disability or loss of life which may occur during or after the 62nd Sunk Rock Ocean Swimathon 2026, Conducted by Maharashtra State Amateur Aquatic Association. Also, I hereby declare that, I have fully read and understood all the rules, regulations and conditions mentioned above and confirm to abide by the _____ rules/terms _____ and _____ conditions.

Date: _____

Coach Name & Signature

Participants Name & Signature

Witness 1

Name:

Address:

Contact No.:

Email ID:

Signature:

Witness 2

Name:

Address:

Contact No.:

Email ID:

Signature: