



Player Basic Information Form

Passport
Size
Photograph

Sports Discipline: **WEIGHTLIFTING**

Full Name (IN CAPITAL LETTER): _____

Date of Birth: _____ (DD/MM/YYYY) Gender: _____

Address: _____

State: _____ Aadhaar Card Number: _____

Email Id: _____ Mobile Number: _____

Father Name: _____ Mother Name: _____

Father/Mother Mobile Number: _____

Coach Name: _____ Coach Mobile No: _____

Training Centre Name & Place: _____

(Signature of Player)

* **Note:** Attach copies of following documents along with this form

- (a) Aadhaar Card
- (b) Birth Certificate/10th Marksheet



ATHLETE CONSENT FORM

SPORTS DISCIPLINE: WEIGHTLIFTING

DATE OF BIRTH

MOBILE NO.

I, _____ Male / Female (Please tick), is undergoing training in

_____ (name of the present centre /

academy) would like to participate in weightlifting competitions.

Signature: _____

Name of Athlete: _____

Date: _____

Counter Signature of Parent: _____

(in case of Minor)

ANNEXURE-I

CONSENT FORM

Space for colour
photograph self
attested

Informed Consent

I.....Father / Mother or Guardian of
..... voluntarily give my consent for complete medical
examination for the purpose of age estimation. I understand that this examination may
involve physical examination, dental examination, and radiography. The purpose,
procedure and use of such examination have been explained to me in the language which I
understand.

Signature of the candidate/ guardian

Date:

Place:

**Note: Consent by guardian is essential in respect of athletes below 14 years (Girls) & 18
Years (Boys)**

Format for Medical Examination

A. General Physical Examination:

1. Height (cm):
2. Weight (kg):
3. Chest girth at the level of nipples:
4. Abdominal girth at the level of naval:
5. For Calculating Body Development Index (BDI):
 - I. Biacromial breath (cm):
 - II. Biliospinale breath (cm):
 - III. Forearm circumference (cm) in males:
 - IV. Mid thigh circumference (cm) in females:
6. Voice (Hoarseness of voice):

Signature

Name:

Designation:

B. Dental Examination

1. Dental Data: (S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)
(Rt.). (L t.)
(S) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 (S)
 - a. Temporary
 - b. Permanent
 - c. Space for third molar(S)
 - d. Partially erupted/completely erupted
2. Dental X- ray: Oral pantogram (OPG)
3. Dental X- ray findings:

Signature

Name:

Designation:

C. Radiological Examination / X-RAY / MRI / CT Scan (as applicable)

Note: A single film of hand and wrist is sufficient for age below 13 years. Wherever radiological examination is not indicated MRI/CT Scan may be done.

1. X-ray advised (as per requirements):

- i. Shoulder joint: A.P view
- ii. Elbow joint: A.P and lateral view
- iii. Hand with wrist: A.P view
- iv. Pelvis with hip joint: A.P view

2. Date of radiological examination:

3. Name of the radiographer:

Radiological findings:

S.No. X-ray advised Findings Age inference

Signature

Name:

Designation:

ANNEXURE- III

Age Certificate

After performing general physical, dental and radiological examination, we are of the considered opinion that the biological age of the person is about years which is consistent / not consistent with birth certificate/ age document.

Dated:

Signature
Name:
Designation:
(Physician)

Signature
Name:
Designation:
(Dentist)

Signature
Name:
Designation:
(Radiologist)

(All the parameters should be considered for the age estimation)

ANNEXURE-IV

CERTIFICATE OF MEDICAL EXAMINATION

Date:.....

I hereby testify that the General Physical, Dental and Radiology test (X Ray Examination)

of Mr. / Miss (name of the player) _____ Son/Daughter of

Sh _____ in

WEIGHTLIFTING was conducted in my presence.

Signature of the Coach/Coordinator /Nominated personnel

Countersigned by

(State / District – President / Secretary / Authorized Signatory)

Official Seal