

CHAPTER-VI

Sample of Registration Form and Score Sheet

TWFI Competition Code Form No. 1

Registration No.



TUG-OF-WAR FEDERATION OF INDIA

NATIONAL TUG-OF-WAR CHAMPIONSHIP
 Player Partial Registration Application Form
 For Senior / Junior / Sub. Junior

PHOTO

1. Name of Country :
2. NAME OF STATE
3. NAME OF CLUB
 Organization with
 Full Address
4. WEIGHT CATEGORY IN WHICH PARTICIPATED - K G
5. NAME : Mr./Miss/Mrs. IN BLOCK CAPITAL LETTERS

 FIRST NAME LAST NAME FAMILY NAME
6. FATHER'S/HUSBAND'S/GUARDIAN NAME :

 FIRST NAME LAST NAME FAMILY NAME
7. HOME/RESIDENTIAL ADDRESS & TELEPHONE NO.:

 City District
 State E-mail
 PIN TEL NO. STD/ISD/CODE NO.
8. DATE OF BIRTH DAY MONTH YEAR
9. SEX Male Female
10. AGE on date of Tournament Year Month Day
11. Nationality
12. Passport No. _____ Date of Issued _____ Date of Expire _____ Place of Issue _____
13. OCCUPATION SERVICE BUSINESS STUDENT HOUSE WIFE OTHERS
 Give details _____
14. UNIVERSITY, COLLEGE OR SCHOOL IN WHICH STUDIES (IF YOU ARE A STUDENT)
15. IF IN SERVICE/BUSINESS (PLEASE WRITE THE NAME & FULL ADDRESS OF OFFICE)

 PIN TEL NO. STD/ISD/CODE NO.
16. PREVIOUS EXPERIENCE OF TUG-OF-WAR GAME
17. HAVE YOU REPRESENTED YOUR STATE IN ANY OTHER GAME : IF YES, WHEN & WHERE.....

Date:

Place:

Signature of Applicant

*Proof of Date of Birth (In case of Seal applicants Participated in Junior or Sub. Junior) Proof of date of Birth will be produced at the time of matches. High School 10th Class Board certificate or Passport is a must. Please bring the original document for verification at the time of matches.

TUG-OF-WAR FEDERATION OF INDIA
(Recognized by the Govt. of India, Ministry of H.R.D. Dept. of Youth Affairs & Sports)
TEMPLAYERS REGISTRATION FORM

Event & Venue : _____

Country _____ State _____ District _____ Section/Category _____

Name of your Association _____ Wt. Class _____

1		NAME		5	
		FATHER			
		D.O.B			
		I.D No.			
		Sign. of Player.			Sign. of Player.
		NAME			6
2		FATHER			
		D.O.B			
		I.D No.			
		Sign. of Player.			Sign. of Player.
		NAME			7
	3		FATHER		
		D.O.B			
		I.D No.			
		Sign. of Player.			Sign. of Player.
		NAME			8
	4		FATHER		
		D.O.B			
		I.D No.			
		Sign. of Player.			Sign. of Player.

TWFJ Competition Code Form No. 2

TUG-OF-WAR FEDERATION OF INDIA(Recognized by the Govt. of India, Ministry of H.R.D. Dept. of Youth Affairs & Sports)
TEMPLAYERS REGISTRATION FORM

Event & Venue : _____

Country _____ State _____ District _____ Section/Category _____

Name of your Association _____ Wt. Class _____

SUBSTITUTION /RESERVE / EXTRA PLAYER

Name: _____

9

Father: _____

D.O.B _____

Passport No.: _____

Sign. Of Player. _____

Team Coach /Trainer

Tea Manager or Attendant

1		2
	NAME	
	FATHER	
	D.O.B	
	Passport No.	
	Sign. Of Coach or Attendant	

FOR OFFICE USE ONLY

Remarks (If Any).....

.....

Sign. Of wt. Official

Secretary Gen.



TTUG-OF-WAR FEDERATION OF INDIA

Fixtures (teams)

Weight Class:

Vs									
Vs	Vs								
Vs	Vs	Vs							
Vs	Vs	Vs	Vs						
Vs	Vs	Vs	Vs	Vs					
Vs	Vs	Vs	Vs	Vs	Vs				
Vs	Vs	Vs	Vs	Vs	Vs	Vs			
Vs	Vs	Vs	Vs	Vs	Vs	Vs	Vs		
Vs	Vs	Vs	Vs	Vs	Vs	Vs	Vs	Vs	
Vs	Vs	Vs	Vs	Vs	Vs	Vs	Vs	Vs	Vs

TUG-OF-WAR FEDERATION OF INDIA



Event: _____

Venue & Date: _____

ORDER OF PULLING FOR TEAMS

Section: _____

Weight Class: _____

Category: _____

Group: _____

Match No.	Team Code	Pull		Name of Team	Cautions		Cautions		Name of Team	Pull		Team Code	Time		Total			
		1	2		1	2	1	2		1	2		Caution	No Pull	Score			
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		
16.																		
17.																		
18.																		
19.																		
20.																		
21.																		
22.																		
23.																		
24.																		
25.																		

Remarks

O → Mark for Winner of pull

X → Mark for Loser of pull

TWFI Completion Code Form No. 6

TUG-OF-WAR FEDERATION OF INDIA



Event: _____

Venue & Date: _____

SCORE TABLE
Result for Single League

Section: _____

Weight Class: _____ Kg

Category: _____

TEAM CODE	LETTER/ NAME OF STATE/TEAM	A	B	C	D	E	F	G	H	I	J	FINAL POINTS	FINAL PLACING*
A		■											
B			■										
C				■									
D					■								
E						■							
F							■						
G								■					
H									■				
I										■			
J											■		

Teams Entered in Semi Final

- 1.
- 2.
- 3.
- 4.

* Note: Teams enter in Semi-final as per TWFI Competition code 2013 (Rule no. 31)

Qualifying Teams for Semi-final matches

TUG-OF-WAR FEDERATION OF INDIA



Event: _____

Venue & Date: _____

Infringements/Caution/No Pull Record Table
Single League/Semi final

Section: _____ Weight Class: _____ Kg Category: _____

TEAM CODE	LETTER/ NAME OF STATE/TEAM	A	B	C	D	E	F	G	H	I	J	Total	No Pull	Remarks*
A		■												
B			■											
C				■										
D					■									
E						■								
F							■							
G								■						
H									■					
I										■				
J											■			

RemarksTeams Entered in Semi Final

- 1.
- 2.
- 3.
- 4.

* Note: Teams enter in Semi-final as per TWFI Competition code 2013 (Rule no. 31)

Qualifying Teams for Semi-final matches

TWFI Completion Code Form No. 7

TUG-OF-WAR FEDERATION OF INDIA

Event: _____
Venue & Date: _____

Section: _____

Weight Class: _____Kg

Category: _____

SEMI-FINAL MATCHES

MATCH	Pull			Name of Team	Team Code	Name of Team	Pull			Time			Total		
	1	2	3				1	2	3	Caution	Score				
SEMI-FINAL:					V S										
SEMI-FINAL-II					V S										

Remark: _____

HARD-LINE 3rd PLACE MATCH

MATCH	Pull			Name of Team	Team Code	Name of Team	Pull			Time			Total		
	1	2	3				1	2	3	Caution	Score				
HARD-LINE 3 rd Place					V S										

FINAL MATCH for 1st PLACE

MATCH	Pull			Name of Team	Team Code	Name of Team	Pull			Time			Total		
	1	2	3				1	2	3	Caution	Score				
FINAL 1 st Place					V S										

Remarks

O → Mark for Winner of pull

X → Mark for Loser of pull

RESULT - _____kg

RANK	NAME OF TEAM	MEDAL
1 st		GOLD
2 nd		SILVER
3 rd		BRONZE

Signatures:

Chief Judge/Director
Tournament: _____

Secretary Gen: _____

Chairman Technical: _____

TWFI Competition Code Form No. 8



Substitution Form
 TWFI CERTIFICATE for SUBSTITUTION PERMITTED
 (Official Use only)

WEIGHT CLASS _____

CATEGORY _____

Substitute --IN

Country _____

State _____

Club _____

Photo

Name of Puller (in) _____

Registration / Accreditation No. _____

Weight Kg. _____

Signature of Substitute ... IN _____

Replacing -----OUT

Name of Puller (out) _____

Registration / Accreditation No. _____

Weight Kg. _____

Photo

Signature of Puller (out)

_____ dated _____ time _____
 Signature of Official in Charge with official Seal.

TWFI Competition Code Form No. 9



TUG-OF-WAR FEDERATION OF INDIA

(Recognized by the Govt. of India, Ministry of H.R.O. Deptt. Youth Affairs & Sports)

Player/ Official Registration Register

Page No. _____

Event: _____

Venue: _____

Name of Organization _____

Country : _____ State : _____ Categories : _____ Weight : _____

Status	Regd. No.	Name of Sportsperson	Father's Name	Date of Birth	ID No.
1 Puller					
2 Puller					
3 Puller					
4 Puller					
5 Puller					
6 Puller					
7 Puller					
8 Puller					
9 Puller					
10 Coach*					
Attendant*					
11 Manager					

* any one

FOR OFFICE USE ONLY

Issued Certificate of _____ Merit / Participation

Position (if merit) _____

Category _____ Weight Classes _____

Remarks (if any) _____

Place : _____

Date : _____

Signature of Issuing Official

Receipt / Acknowledgement

I _____ Coach/Manager Secretary/Player of _____
Team. I received _____ Certificate of Merit Participation.

Place : _____

Date : _____

Signature of Receiver

TWFJ Competition Code Form No. 10



TUG-OF-WAR FEDERATION OF INDIA

MATCH RESULT RECORD

Date : _____

Categories : _____

Match No. : _____

Weight Class : _____

PARTICIPATING TEAMS

TEAM.....	VS	TEAM.....

1st Round

ROUND RESULTS

IInd Round

TEAM.....	Time of Pool	TEAM.....	TEAM.....	Time of Pool	TEAM.....
Score		Score	Score		Score

FOULS RECORD

Offense	Sitting	Leaning	Locking	Grip	Propping	Position	Climbing	Rowing	Anchor	Trainer	Side Step
1 st Round											
2 nd Round											

FINAL RESULTS OF MATCH

TEAM.....	Time	TEAM.....	Time
Score		Score	

SIGNATURE :

REFEREE : _____

COACHES: _____

COACHES: _____

(TEAM

(TEAM

TWFI CHAMPIONSHIP CAUTION CARD

Venue

Wt. Class

Match No.	Team Number / Name	
CAUTIONS		
1st END		
2nd END		
TOTAL CAUTIONS		
POINTS		

Judge's Signature _____

Date _____

MEDICAL REPORT

By M.B.B.S. Doctor

A. GENERAL

1. (i) Name.....
- (ii) Father's Name.....
- (iii) School/College.....
.....
2. Date of Birth.....
3. Passport No..... dated and place of issued.....
4. Height..... Weight.....
Chest (a) Normal..... (b) Expanded.....
5. Any previous illness, its nature and duration.....
.....
6. Any previous injuries/accident-present condition.....
.....
7. Any surgical operation undergone-nature and result.....
.....
8. Any History of malaria or any other severe fever.....
.....
9. Date of last vaccination Tab., Cholera &
Anti tetanus inoculation.....
10. Blood Group.....
11. Any medical or food allergies.....

Signature of Medical Officer.....

Seal (Only M.B.B.S. Doctor)

B. RESPIRATORY SYSTEM

1. Respiration rate at rest.....
.....
2. Any history of breathlessness and chest pain.....
.....
3. Ever suffered from Asthma or pleurisy.....
.....

C. CIRCULATORY SYSTEM

1. Pulse rate at rest.....
2. Blood pressure.....
3. Any history of giddiness or fainting attack.....
.....
4. Any history of pain over ear region.....
.....
5. Any history of palpitation.....
.....
6. Are the veins in any part enlarged or varicose.....
.....

D. ALIMENTRAY SYSTEM

1. Any history of dysentery or hernia, appendicitis.....
.....
2. Any history recurring pain in the abdomen.....
.....
3. Any history of renal intestinal colic.....
.....

Signature of Medical Officer.....

Seal (Only M.B.B.S. Doctor)

E. NERVOUS SYSTEM

1. Any history of epilepsy or any other fits.....
.....

F. BONES AND JOINTS

1. Any injury or accidents present condition.....
.....

2. Any history of rheumatism, gout.....
.....

G. URINE EXAMINATION

1. Is sugar or albumen present.....
.....

2. Are you diabetic patient.....

H. FOR FEMALS ONLY

1. Any history of menstrual disorder.....
.....

CERTIFICATE BY MEDICAL OFFICER

In my opinion..... is. medically fit /
unfit to undergo tug-of-war sport activities.

Remarks.....

STATION :.....

Signature of Medical Officer

DATED:.....

Regd.No.....

(Only M.B.B.S. Doctor)

with seal

RECOMMENEDED

I, on this date.....examined

Shri/Smt./Km.....Son/Daughter of

Shri/Mrs.....and found him / her medically

fit to undergo tug-of-war sportactivities and going tocity, in the

month of..... from dated.....to.....

STATION :.....

DATED :.....

Signature of Medical Officer

Seal with Regd.No

(Only M.B.B.S. Doctor)

Address

