



MINISTRY OF YOUTH AND SPORTS

In collaboration with National Sports Federations

IS ORGANISING THE

“JEUX DES JEUNES 2016”

FINALS: 09 AND 10 NOVEMBER 2016

(FOR PARTICIPANTS BORN IN 2003 & 2004)

National Sports Federations may modify age category depending on the specificity of their sports.



A. SPORTS DISCIPLINES (Please tick as appropriate)

- | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Cycling | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Football | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Judo | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Rugby | <input type="checkbox"/> Volleyball |

Choose only one discipline:

Athletics Events: 50m, 60m Hurdles, 150m, 800m, Relay: 4x50m, Shot put, Discus, Javelin, Hammer, High Jump, Long Jump, Triple Jump, , 1000 Walk and Pole Vault.

Specify Event:

Swimming Events: 50 m Butterfly, 50 m Back Stoke, 50m Breast Stroke and 50 m Freestyle.

Specify Event:

B. PROFILE OF PARTICIPANT

1. **Surname:** (Block Letters)

2. **Other Names:**(Block Letters)

3. **Date of Birth:** **Sex:**

4. **Residential Address:**

Telephone No..... Cellular No

5. Region (Please tick as appropriate)

- | | | |
|--|--|---|
| <input type="checkbox"/> Beau Bassin/Rose Hill | <input type="checkbox"/> Grand Port | <input type="checkbox"/> Quatre Bornes |
| <input type="checkbox"/> Black River | <input type="checkbox"/> Moka | <input type="checkbox"/> R. Rempart |
| <input type="checkbox"/> Curepipe | <input type="checkbox"/> Pamplemousses | <input type="checkbox"/> Savanne |
| <input type="checkbox"/> Flacq | <input type="checkbox"/> Port Louis | <input type="checkbox"/> Vacoas/Phoenix |

6. **Status (tick as appropriate)** Student Other

7. **If student – Name and Address of School/College/Youth Club**

Name of College:

Address :

Telephone : (Office)..... (Fax).....

8. **If holder of MSSSA Licence: Yes No Licence No.:.....**

9. **If holder of Sports Federation Licence: Yes No Licence No.:.....**

C. Request for Participation

I, the undersigned, will participate in the **“Jeux des Jeunes 2016”** organised by the Ministry of Youth and Sports. The Ministry shall not be liable for any accident in which I may be involved or in any injury sustained by me during the course of the activity. I also undertake to comply with all instructions that may be given to me by the responsible officers.

.....

Signature of Participant

Date

D. Responsible Party (or person to be contacted)

Name:

(Block letters)

Address:

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Telephone No. Office.....Residence:Cellular.....

E. Consent of Responsible Party

I, the undersigned have no objection to my son/daughter/ward taking part in **“Jeux Des Jeunes 2016”** organised by the Ministry of Youth and Sports. The Ministry shall not be liable for any accident in which my son/daughter/ward may be involved or for any injury sustained by him/her during the competition.

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Signature of Responsible Party

Identity Card Number

Date



LATEST DATE FOR REGISTRATION: 15 JULY 2016

**Secrétariat “Jeux des Jeunes 2016”, Sir Herchenroder Street, Beau Bassin
Telephone Number: 466 2914 Fax Number: 454 8866**