

**RULES-REGULATIONS FOR COMPETITORS OF DISTRICT / STATE ZONE /
OPEN STATE CHAMPIONSHIPS**

1. Shooters can fill up form at Baroda Rifle Club office with two photographs, age proof document is compulsory for youth and junior shooter.
2. **Shooters who have taken part in any competition in past will not entitled to play half match.**
3. **Pellets cost is included in half match.**
4. Non-member shooters who already taken part in any competition can take part in open sight matches and 50 number pellet will be provided for competition against payment of Rs. 50/- and Break barrel IHP/ National Rifle Make rifle provided free of cost.
5. In Peep Sight Rifle event shooters are only allowed to take part who have their own weapon.
6. Air Pistol event shooters are only allowed to take part who have their own weapon. Pistol will not be provided at club.
7. Competitors shall have to present themselves before one hour of starting his/her event at the range where his/her event begins.
8. Whenever a meeting is called by the team manager / authorise person every competitor is bound to attend the meeting.
9. Every competitor is bound to give co-operation to the team manager/ authorised person.
10. If Competitor will remain absent in the competition/ championship no entry fees will be refunded by the management.
11. Weapon control checking is competitor's responsibility. Competitors are advised to contact weapon control officer and get their weapon checked. This is to be done one day before the event start.
12. Any Incorrect information filled or not filled in the entry form by the competitor regarding their previous score or other matter, will be debarred for two years for taking park in any competition. Club is also responsible for the recommenced of shooters form.
13. **Once competitor have played Half Match is not entitled / allowed to play half match again. Compulsorily they have to play full match If found, their entry will be cancelled.**
14. Shooter will have to agree to abide by all the instruction issued by the manager / authorised person from time to time, failing which disciplinary action will be taken.
15. Medals will not be awarded to those, whose score is less than the qualifying marks as prescribed for the relevant matches irrespective of their individual position. The grading of those securing above the qualifying marks will be done as usual.
16. If a shooter will remain absent without prior permission at the prize distribution ceremony, no medal or certificate will be awarded thereafter.
17. Shooter will have to return the unused ammunicions / empties on completion of his / her match if provided by the R.S.A.V. / B.R.C.
18. R.S.A.V. shall not provide arms and ammunition to the competitors.
19. Camouflage clothing & accessories, multi pocket pants, jeans, corduroy material clothing, open toe / heel footwear, and Any private logo more than 60mm in diameter are prohibited. Perfume and fragrance is not allowed to be worn. Mobile Phones are prohibited on the range and must be in switch off or silent mode in all other areas.
20. I have studied the rules and regulations.
21. I hereby also agree to abide by these rules and regulations.
22. I hereby also agree to abide by the rules and regulations of latest N.R.A.I. Match Book and changes by N.R.A.I. / I.S.S.F. / G.S.R.A. / R.S.A.V.

Date _____

Shooter's Signature

DETAILS OF PREVIOUS PARTICIPATION

Sr. No.	MATCH No.	DESCRIPTION OF MATCH	NAME OF COMPETITON	PLACE & YEAR	SCORE

Signature of Secretary
(Club/ District Association)
(With Seal & Stamp)

SIGNATURE OF COMPETITOR.....

Gujarat State Rifle Association
The Rifle Shooting Association of Vadodara
SHOOTERS DECLARATION FORM

(As per decision of Governing Body of NRAI dated 30.11.2003)

NAME OF THE COMPETITION	<u>15th R.M. HALWAI MEMORIAL DISTRICT SHOOTING COMPETITION</u>
NAME OF SHOOTER	
STATE/UNIT	
DATE OF BIRTH	
COMPETITOR NO.	

Declaration

I have read the rules of National Rifle Association of India/Gujarat State Rifle Association and International shooting Sport Federation I fully know about handling of Arms and Ammunition and I will use them by taking all the safety precaution, I shall be responsible for violation of any safety. I declare that the information regarding my participation is correct and I am Qualified / eligible to participate in the above mentioned competition and category for which my entry has been sent by my State/Unit and nothing has been concealed. I shall be responsible for any false information or suppression of facts and for which disciplinary action may be taken against me. I shall participate in above said competition at my own risk and responsibility. For any mishap or accident at the competition site or any where during travel, the National Rifle Association of India/Organizers or its office bearers shall not be held responsible.

Date: _____

Signature of shooter_____

Declaration from Parents/guardians for juniors /Youth

I _____ Father/Mother/Legal Guardian of above named shooter has read the rules of National Rifle Association of India and International Shooting Sport Federation. The shooter is fully aware of handling of Arms and Ammunition and he/she will use them by taking all the safety precaution. He /She shall be responsible for violation of any safety. I declare that the information give regarding his participation/date of birth/state/unit is correct and shooter is qualified /eligible to participate in the above mentioned competition and category for which his entry has been given and nothing has been concealed. I do not have any objection if the age of shooter is ascertained by any one or panel of doctors appointed by the National Rifle Association of India. I shall be responsible for any false information or suppression of facts and for which. Disciplinary action may be taken against the shooter. He /She shall participate in above said competition at own risk and responsibility. For any mishap or accident at the competition site or any where during travel the National Rifle Association of India/Organizers or its office bearer or officer shall not be held responsible.

Date: _____

Signature_____

Name_____

(COUNTER SIGNED BY)

President/Secretary_____

Name of State/Unit_____