

MINISTRY OF YOUTH AND SPORTS

in collaboration with the National Sports Federations

is organising the

“NATIONAL HANDISPORTS GAMES” 2026

FINALS: 28 & 29 NOVEMBER 2026

(OPEN TO PARTICIPANTS OF 16 YEARS AND ABOVE)

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

A. SPORTS DISCIPLINES (Please tick as appropriate)

[Note: An athlete may participate in a maximum of two Sports and a maximum of 3 events in Athletics]

Aurally:

☐ Athletics ☐ Futsal (5-A-Side) ☐ Pétanque ☐ Swimming

(Athletics Events: 100m☐, 200m☐, 400m☐, 800m☐, Long Jump☐ & Shot Put☐)

(Swimming Events: 25m Freestyle & 50m Freestyle)

Mentally:

☐ Athletics ☐ Bocce ☐ Futsal (5-A-Side) ☐ Swimming

(Athletics Events: 100mT20☐, 200mT20☐, 400mT20☐, 800mT20☐, Long JumpT20☐ & Shot PutF20☐)

(Swimming Events: 25m Freestyle & 50m Freestyle)

Physically:

☐ Athletics ☐ Boccia ☐ Swimming ☐ Wheelchair Basketball

(Athletics Events: 100m☐, 200m☐, 400m☐, Long Jump☐, Shot Put☐, Discus☐, Javelin☐ / Wheelchair - 100mWC☐, 400mWC☐, 1,500mWC☐, Shot Put☐, Discus☐ & Javelin☐)

(Swimming Events: 25m Freestyle & 50m Freestyle)

Visually:

☐ Athletics ☐ Goalball (3-A-Side)

(Athletics Events T11, T12, T13: 100m☐, 200m☐, 400m☐, Shot Put☐ & Javelin☐)

B. PROFILE OF PARTICIPANT

1. Surname: (Block Letters)

2. Other Names: (Block Letters)

3. Date of Birth: Sex:

4. Residential Address:
.....

5. Telephone No: Mobile No:

C. Request for Participation

I, the undersigned, will participate in the “**National Handisports Games 2026**” 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 for Minor (or person to be contacted)

Name:
(Block letters)

Address:
.....
.....

Telephone No: Office.....Residence:Mobile.....

E. Consent of Responsible Party

I, the undersigned, have no objection for my son/daughter/ward taking part in the “**National Handisports Games 2026**” 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.

.....
Signature of Responsible Party

.....
Identity Card Number

.....
Date

.....
Participation Forms duly filled in should be deposited at the following place:

***National Handisports Games 2026 Secretariat,
Ministry of Youth and Sports,
7th Floor, Citadelle Mall,
Port Louis
T: 206 1572 / M: 5767 9660***

DEADLINE FOR REGISTRATION: 30 SEPTEMBER 2026