**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**

#### SWIMMING POOL

*Kids Coaching Camp Registration Form*

For verification of authenticity of the applicant, official records like Identity Card/ Health Center Booklet along-with two passport size photographs should be produced at the time of submitting this form.

**Duration of camp: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ To \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**

**Name** **of Child** (IN BLOCK LETTER)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:** M/F **Age** \_\_\_\_\_\_\_\_\_\_\_ Yrs. **Height** \_\_\_\_\_\_\_\_\_cm

**Name of the Employee/Student**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roll No. / P.F. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Departmen**t: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & address of campus resident to be contacted in case of emergency**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transaction reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of transaction \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_**

**Amount: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Slot Preference : Morning/Evening Slot timing: \_\_\_\_\_\_\_\_\_\_\_\_\_**

###### DECLARATION

1. In case of an Accident I will not hold the institute authorities responsible in any way. **Rules & Regulations** and their amendments as decided by the Swimming pool management committee are applicable on my ward and I agree to abide by them. I shall cooperate with the authorities in maintaining discipline in the swimming pool.

2. **I declare that my ward is not suffering from any communicable disease, Epilepsy and Psychiatric Illness.**

3. I understand that if any one of the details given above is proved to be false, membership will be cancelled, and suitable disciplinary action will be taken against me.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature of the parent)**