



# 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: \_\_\_\_\_ Department: \_\_\_\_\_

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)