



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)