

INDIAN INSTITUTE OF TECHNOLOGY KANPUR SWIMMING POOL CHILD MEMBERSHIP APPLICATION FORM

Recent Passport Size Photo

(For 3-08 Yrs. age group)

For verification of authenticity of the applicant, <u>Health Center Booklet along-with two passport size photographs</u> should be produced at the time of submitting this form.

Type of membership:	Monthly/Three monthly/ 15 Swims	Choice of pool: Big/ Small
Name (IN BLOCK LETTER)	:	
Gender: Male/ Female	Age (Yrs.) :	Height:CM
Name of the Employee/Stu (In case of children or dependent)	ndents of employees)	Relationship:(With Employee/student)
Roll No. / P.F. No	Designation:	Department:
_	s resident to be contacted in case of eme	
	mber:	
Amount: Rs		Slot Timings:
	DECLARATION	
1. In case of an accid	ent, I will not hold the institute author	rities responsible in any way. Rules &

- 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 me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the Swimming pool.
- 2. 2. I declare that my child is not suffering from any communicable disease, Epilepsy and Psychiatric Illness.
- 3. 3. I understand that if any one of the details given above is proved to be false, the membership of both me & my child will be cancelled.
- 4. I consent to the declaration that if my child who is not a swimmer, is found alone or unsighted or unreachable by me at any moment of time in the pool, pool staff will take the child out of the pool immediately and membership of the Child will be cancelled for whole season. This will be particularly strict for children whose height is below 140 cm.
- 5. So Non swimmer/beginner child must be brought to the pool with proper swimming attire **(specially arm guard is must)**

Date:/	//	/	(Signature of employee
	/		(5.8