



# REGISTRATION FORM



# MANAV RACHNA SPORTS ACADEMY

	NAME		
	FATHER'S NAME		
	DATE OF BIRTH		
	HOME PHONE		MOBILE PHONE

E MAIL

ADDRESS

SCHOOL/COLLEGE/UNIVERSITY

IF MRIS STUDENT

CLASS  ADMISSION NO.

IF SON/DAUGHTER OF MRSA ADMIT-MEMBER PLEASE FILL

MRSA ADMISSION NO.

LEVELS WITH TIMINGS

<input type="checkbox"/> BEGINNER (Mon - Fri)	<input type="checkbox"/> ADVANCED TRAINING ACADEMY	<input type="checkbox"/> CENTRE OF EXCELLENCE
<input type="checkbox"/> 4:00 - 5:30 pm	<input type="checkbox"/> 2:00 - 4:00 pm (Mon - Fri)	<input type="checkbox"/> Full Day (Mon - Sat)
<input type="checkbox"/> 5:30 - 7:00 pm		

MEDICAL AND LIABILITY RELEASE

Our goal is to provide a fun-filled and accident-free training; however, no activity is without the possibility of unforeseen hazards which could result in injury. As a parent or guardian, please instruct your child the importance of conduct which will ensure safety and an enjoyable time while participating in professional sports coaching. By signing this form, you as parent, guardian, or other responsible party agree to assume the risks and hazards which are inherent in this kind of activity.

You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I give my child ..... permission to participate in this activity, and give my permission to the leaders of this Sports Academy to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity. I also give my permission for the use of any photo or likeness of my child to be used by the sponsoring organization for their use in promotional materials.

Signature of Parent or Guardian .....

Date .....

Note: Fees will not be adjusted if student leaves midway or takes break. If the child takes more than one and a half month break admission charges will again be applicable.