



SWIMMING REGISTRATION FORM

Paste your
Passport Size
Photograph here
(Not less than 3
months old)

Name (in Block Letters): _____

Father's Name: _____

Date of Birth: _____ Age as on Date: _____

Address: _____

City: _____ State: _____ PIN: _____

Phone (Landline No.): _____ Mobile No. _____ Emg. No. _____

E Mail Id: _____ School: _____

If MRIS student please fill Class: _____ Sec. _____ Admission No. _____

If Son/Daughter of MRSA Admit-Member please fills MRSA membership No: _____

Session opted: (a) Full Session: ☐ (b) Quarterly: ☐ (c) Monthly: ☐

Batch Opted: (a) M, W, and F: ☐ (b) T, T, and S: ☐

Timings: **Boys:** 4:00 PM-5:00 PM ☐ **Girls:** 5:00 PM-6:00 PM ☐

7:00 PM-8:00 PM ☐ 6:00 PM-7:00 PM ☐

Necessary Requirements:-

- Medical certificate is required from Authorized Medical Officer.
- One ID proof of Parents.

I have read and understood the terms and conditions mentioned overleaf and/or appended with this form and unconditionally accept them as binding on me. I further declare and undertake and confirm that the above information provided by me is true in all respect.

Signature of Parent: _____ Date: _____

Feel free to contact: - 0129-4197250, +91 8527491535 Email Id: info@mrta.co.in

Note: If student takes break, admission charges will again be applicable. Fees will not be adjusted/ refunded.

For Office Use

Fee: _____ Voucher No. _____ Date: _____

Authorized Signatory

RECOMMENDED BY:
Manager - Swimming Pool

VERIFIED BY:
Manager-MRSA

APPROVED BY:
Administrator- MRSA



DECLARATION FORM

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, 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 agree and declare to assume the risks and hazards which are inherent in this kind of activity. In case of an accident or mishap you will not hold the institute authorities responsible in any way possible. Mobile, Cash, Jewelry etc. is totally prohibited and any loss wouldn't be considered by academy.

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 Manav Rachna Sports Academy/ International School Sec-14 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. I also declare that my child is not suffering from any

- Communicable disease
- Epilepsy
- Asthma
- Skin disease
- Psychiatric Conditions &
- Heart conditions.

I undertake that no claim for refund of amount paid by me for any reason shall be entertained.

Signature of Parent: _____ Date: _____

Parents Name in Block letters: _____



Registration Number of Medical Officer: _____