



INDIAN INSTITUTE OF TECHNOLOGY KANPUR
SWIMMING POOL
CHILD MEMBERSHIP APPLICATION FORM

Recent Passport
Size Photo

(For 3 - 8 Yrs. age group)

For verification of authenticity of the applicant, Health Center Booklet along with two passport size photographs 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/Student: _____ **Relationship:** _____
(In case of children or dependents of employees) (With Employee/student)

Roll No. / P.F. No _____ Designation: _____ Department: _____

Name & address of campus resident to be contacted in case of emergency: _____

Contact No.: _____ **Emergency Contact No.:** _____

Transaction Reference Number: _____ **Transaction Date:** ____/____/____

Amount: Rs. _____ **Slot Timings:** _____

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 sports and Physical education committee (**SPEC**), are applicable to me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the Swimming pool.
2. **I declare that my child is not suffering from any communicable disease, Epilepsy and Psychiatric Illness.**
3. I understand that if any one of the details given above proves to be false, the membership of both me and 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 for the big pool and 75 cm for the small pool.
5. Non swimmer/beginner child must be brought to the pool with proper swimming attire (**especially arm guard is must**)

Date: ____/____/____

(Signature of employee)