



# NEW DELHI YMCA

## Department of Sports

Jai Singh Road, New Delhi - 110 001

Phone No.: 43644041, 43644000, Ext.: 341, 180

### APPLICATION CUM REGISTRATION FORM



Registration No.....

#### Application form to be submitted with the following Documents:

- 1) Duly filled Admission form
- 2) Copy of ID Proof
- 3) Photographs (2 Nos.)
- 4) Medical Certificate from any MBBS Doctor on the given format.

ACTIVITY APPLIED FOR.....Timings.....Days.....

Name of the Applicant (IN BLOCK LETTERS).....

Date of Birth..... Gender: Male  Female  Other

Father's / Husband / Guardian's Name.....

Address.....

.....

Telephone (Res.).....(Office).....

Email.....Mobile.....

Profession & Designation of applicant.....

### Declaration

I (name).....the undersigned wish to take admission in the (name of activity).....I hereby agree to abide by the rules and regulations set by the management. The Management reserves the right to cancel my admission at any time during the duration of the course of the sports activity (in which I seek admission) without assigning any reason. The fee deposited by me is non-refundable and non-transferable under any circumstances and the payment made by me is by calendar month (from first to last date of the month.)

I hereby declare that I will not hold responsible the New Delhi YMCA's management, officials, directors and employees for any loss/damages suffered on account of money/costs, action, person/personal belongings and any kind of medical injuries/disease or accident during the duration of said sports activity. This release is binding upon heirs, my successors, assignees or me. I am fully knowledgeable as to the proper use of the facilities as well as my own physical limitations and I agree to indemnify and keep indemnified the Management of New Delhi YMCA against any and all claims whatsoever through loss or damage to property whatsoever.

\_\_\_\_\_  
**Signature of the Applicant**

Date:.....

(Signature of Parent / Guardian in case the applicant is below 18 years of age)

### FOR OFFICE USE ONLY

Admission for the months / Year of .....

Cash Receipt No..... Total Paid fee.....

\_\_\_\_\_  
Cashier's Signature & Date

\_\_\_\_\_  
Authorised Signatory

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### MEDICAL CERTIFICATE

(To be certified by an M.B.B.S. Doctor)

TO TAKE PART IN (Sports Activity Name).....

Candidate Name (IN BLOCK LETTERS).....Age.....Gender.....

HEIGHT(cms.).....WEIGHT(kgs.).....HEART RATE...../Minute. BLOOD PRESSURE(S/D).....

State whether the Candidate HAD/HAS: (Give Details)

**I. Skin Infection such as BACTERIAL / VIRAL / FUNGAL OR Any other COMMUNICABLE DISEASES**

Eye..... Throat.....

Ear..... Skin & Abdomen.....

(If Any: Give Details).....

**II. CNS..... CVS.....**

RESPIRATORY SYSTEM..... LIVER.....

SPLEEN..... HERNIA SITES.....

THROAT..... SINUS.....

**III. History of EPILEPSY, DIZZINESS, ASTHMA, TB, VD, ALLERGY DIABETES, HEART PROBLEMS, WATER**

**PHOBIA (If Any: Give Details).....**

**IV. Any Abnormality / Physical Defect as Disability such as KYPHOSIS, SCOLIOSIS, KNOCK KNEES,**

**FLATFOOT, OBESITY (If Any: Give Details).....**

**V. (a) PREVIOUS FRACTURE/JOINT DISLOCATION INJURIES/MUSCULAR INJURIES**

(If Any: Give Details).....

(b) SPONDYLITIS.....(c) ARTHRITIS.....

I hereby certify that I have Examined Mr./Ms.....

S/o / D/o / Mr..... on(date).....

and have recorded my observations as above. I am satisfied that he/she is Fit/Not fit for .....

.....which involves Strenuous Physical Activity.

NAME OF THE DOCTOR:.....

REGISTRATION NO:.....

CONTACT NUMBER:.....

\_\_\_\_\_  
(DOCTOR'S SIGNATURE WITH STAMP)

\_\_\_\_\_  
(CANDIDATE'S SIGNATURE)