

Admission timings: 10am to 1 pm and 2 pm to 5 pm on all working days. (Last date to submit the form.....)



NEW DELHI YMCA

DEPARTMENT OF SPORTS

Jai Singh Road, New Delhi - 110 001

Phones : 43644041, 43644000 Extn. 341, 180

APPLICATION CUM REGISTRATION FORM



Reg. No.

Application to be submitted in Duplicate with the Following Documents :-

- I.D Proof (2 Copies) • Photographs (2 Nos.)
- Admission form duly filled 2 Nos. (Original & Photo Copy),
- Medical Certificate from any M.B.B.S Doctor on the format given at the back

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

Name of the applicant (IN BLOCK LETTER).....

Date of birth.....Sex: Male / Female.....

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

Address.....

Telephone (Res.)(Off.)Mobile.....

Profession & Designation of applicant.....

Email:.....

Declaration

I (name).....the undersigned wish to take admission in (name of activity)I hereby agree to abide by the rules and regulations set by the New Delhi YMCA management and the Department of Sports. I have read and understand them. I understand that the New Delhi YMCA 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.)

The above information given by me is accurate to the best of my knowledge. If found incorrect by the New Delhi YMCA management my admission will be immediately cancelled. I have attached a Medical Fitness performa (issued by New Delhi YMCA) duly filled in by my doctor. Authenticity of the doctor and doctor's report are purely my responsibility. I know swimming very well (in case of person applying for swimming).

I hereby declare that I will not hold responsible the New Delhi YMCA's management, officials, directors, agents or 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 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.....

Total Fee.....Cash Receipt No.

Cashier's Signature & Date

Authorised Signatory

NEW DELHI YMCA

DEPARTMENT OF SPORTS

MEDICAL CERTIFICATE

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

TO TAKE PART IN (Sports Activity)

CANDIDATE'S NAMEAGE.....SEX.....

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 DETAIL).....

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

I HEREBY CERTIFY THAT I HAVE EXAMIN Mr. /Ms.

S/o / D/o MRon (date)AND HAVE

RECORDED MY OBSERVATIONS AS ABOVE. I AM SATISFIED THAT HE / SHE IS FIT / NOT FIT FOR

.....WHICH INVOLVES STRENUOUS PHYSICAL ACTIVITY.

(DOCTOR'S SIGNATURE)

NAME OF THE DOCTOR :

REGN. NO :

TELE. NO:

DOCTOR'S STAMP

CANDIDATE'S SIGNATURE