



**Atal Bihari Vajpayee-Indian Institute of Information Technology
and Management, Gwalior**

SWIMMING POOL

MEMBERSHIP APPLICATION FORM FOR STUDENTS

Space for passport
size photograph.

Name (IN BLOCK LETTERS) _____ Department _____

Father's name _____ Sex: M/ F Age _____ Yrs

Hostel Name and Room no: _____ Programme _____ Roll No. _____

Name and address of concerned person(s) to be contacted in case of emergency:

_____ Phone No. _____

Any previous history of drug/ liquor abuse: Yes/No

Rate your swimming Skill: a) Can't swim b) Beginner c) Average d) Good e) Expert

Preference of slot: Boys: a) 5:30 PM to 6:10PM b) 6:50PM-7:30 PM c) 8:50PM-9:30 PM

Girls: a) 6:10PM-6:50 PM

(The pool will be kept closed for two days in a week mostly on **SUNDAY** and **WEDNESDAY** for cleaning and maintenance)

*Timings may change as per the orders of authorities and members are requested to follow the timing slots according to the changes.
Updates, if any will be informed on time by the Sports officer/ Student Coordinator *

DECLARATION

1. In case of an accident/mishap, I will not hold the institute authorities responsible in any way.
2. **Rules and Regulations** and their amendments as decided by the institute authorities are applicable on me and I agree to abide by them.
3. I will cooperate with the authorities in maintaining the discipline in the swimming pool.
4. I will adhere with designated swimming pool timings established by the institute. I understand that using the pool outside of these hours is not permitted and may result in revoking of membership and disciplinary action.
5. I understand that if any one of the details given above is proved to be false, my membership will be cancelled and suitable disciplinary action will be taken against me.
6. I declare that I am not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc.

(Signature of student with date)

Documents to be submitted along with the Registration Form:

1. Copy of the ID card of the student
2. Latest Medical Certificate issued by CMO, or registered medical practitioner (Annexure I)
3. Two numbers of passport size photographs

For office use only

(Approved / Not Approved)

Date of submission: _____

Date of issue of pass: _____

Date of expiry: _____

Pass No.: _____

Sports Instructor

Authorized Signatory

MEDICAL FITNESS CERTIFICATE

(To be obtained from Institute Health Centre/any Registered Medical Practitioner)

To be filled by the applicant: -

Yes No If any, kindly specify

- a) Allergy _____
- b) Bronchial Asthma _____
- c) Epileptic Fit _____
- d) Psychiatric Illness _____
- e) Any contagious disease _____
- f) Any other significant history _____

I will notify the sports authority and Health Centre if I develop any significant medical condition in future.

Signature of student

This is to certify that

Dr/Shri/Mr/Ms/_____

As per history given, medical records available and medical examination, I have found him/her to be medically fit/unfit for swimming as on date.

- 1. Skin Disease Yes / No
- 2. Heart Disease Yes / No
- 3. Epilepsy Yes / No
- 4. Psychiatric Disease Yes / No
- 5. Accident in past if any Yes / No
- 6. Any contagious disease Yes / No
- 7. History of major illness/surgery if any _____
- 8. General Examination _____
- 9. Any other Remarks _____

Date:

Signature of Institute Medical Officer/Authorized official