DELHI PUBLIC SCHOOL, DWARKA, NEW DELHI

REGISTRATION FORM

SWIMMING COACHING MEMBERSHIP 2013-14

Students and Alumni (boys & girls) of DPS Dwarka are eligible (Class III onwards) (Fill the form in BLOCK LETTERS)

Name of the Student:				
Father's Name:				РНОТО
Class/sec	Admission N	No		
If alumni, year of passing				
Male/Female	Date of birth		Blood Group	
	Address			
Residence			Office(Father/Mot	ther/Self)
Phone: Mobile:		Phone: Mobile:		
Email:		Email:		
is certified that my son/daug s/am joining the Swimming co is also certified that my ward nd medically fit to swim/ to ta of the swimming pool. I have r same will be followed in all res eyond their control. He is/ Sh	hter/ward/I Mr./Mrsaching membership and /I is/am not suffering fooke part in sports activite ad and understood the pect. The organizers/so	rom any chronic, on ties. I also guarant ie rules and regulachool authorities was sone and regulachool authorities was sone authorities.	contagious disease an tee that he/she/ I will ations of the swimmin	d he/she/myself is physical obey the rules and regulati g pool, and guarantee that
SIGNATURE OF THE STUDENT PlaceDate			SIGNATURE OF THE R	
	RECEIPT			
FOR OFFICE USE: DATE:	Amount:		Receipt No.	

SIGNATURE OF THE CASHIER