

ON RS. 10|- STAMP PAPER ATTESTED BY NOTARY
FORM OF INDEMNITY

Paste
passport size
photograph
here and
attach one
with the
form

To,
The Principal
Salwan Public School,
Sector 15-II,
Gurugram

In consideration of _____(Name of user) Class _____the Student, whom I am the Self/legal/natural guardian and Resident of _____ Mobile No. _____ being permitted to use swimming pool of Salwan Public School, Sector 15 II, Gurgaon for swimming and learning of swimming at my request. I undertake and agree that neither I nor my executors or administrators or other legal representative will make any claim against Salwan Public School Sector 15 II, Gurgaon or any employee of Salwan Public School swimming pool in respect of loss or injury to property or person including injury resulting in death which the said person/minor _____ (Name) may suffer which said person/minor while swimming or while learning swimming in the Salwan Public School swimming pool and I understand and agree that no compensation will be paid by Salwan Public School or any other person of Management committee or an employee of the school in respect of any such loss or injury. I further agree as to bind myself, my herein, my executor and administrators to indemnify you and any office or Management appointees, employees of Salwan Public School society and any person in the said person /minor during or in connection with such swimming exercise in swimming pool of Salwan Public School.

It is further declared that the stamp duty payable to the undertaking will be borne by me.

Signature _____

Student's Name _____

Father's Name _____

Class _____

Tele(Res) _____

Tele(M) _____

Swimming Pool
Registration Form

1. Students Name (in Block Letters) _____

2. Parent's Name _____

3. Class _____

4. Swimmer Non-Swimmer

5. Medical Certificate From MBBS Doctor - Attached

6. Indemnity Form on Rs. 10/-stamp paper attested by Notary Public

Date_____

(Signature of Applicant Parents)

Swimming Coach

Admin Officer

Director

Principal

Fitness Certificate for Swimming

Session : 2018-19
(To be filled by Parents)

Name _____

Admission No _____

Class _____

Section _____ Age _____

Paste stamp
size
photograph in
uniform

Please tick, if child has any of the following :-

- | | |
|----------------------------|------------------------------|
| (a) Allergies | (f) Tuberculosis |
| (b) Asthma | (g) Congenital Abnormalities |
| (c) Ear Infections | (h) Fainting |
| (d) Eye infections | (j) Skin Problems |
| (e) Convulsions / Epilepsy | (k) Heart Problems |

Certify that all the information given is correct to the best of my knowledge and if found wrong my ward's membership may be cancelled.

Parent's signature _____

Name _____

Date _____

Observation / Remarks by the Doctor
(To be filled by School Doctor)

School Doctor's Signature : _____