

BHEL SENIOR CLUB, BHOPAL

APPLICATION FOR SWIMMING

A. NAME S/o, D/o, W/o
MEMBERSHIP No. AGE TEL.No.

B. MEDICAL CERTIFICATE

CERTIFIED THAT SHRI/SMT./KUM.
IS NOT SUFFERING FROM ANY CONTAGEOUS / COMMUNICABLE / INFECTIOUS DISEASE.

DATE :

DISPENSARY

Signature of Medical Officer

C. SWIMMER / LEARNER

I HEREBY DECLARE THAT I KNOW SWIMMING AND I WILL ABIDE BY ALL THE RULES AND REGULATIONS OF THE SWIMMING POOL AND THE CLUB. I TAKE ALL RESPONSIBILITY OF MY WELL BEING AND IN CASE OF ANY ACCIDENT CLUB WILL NOT BE RESPONSIBLE. I GIVE CLUB MANAGING COMMITTEE ALL RIGHTS TO DISALLOW MY MEMBERSHIP WITHOUT ANY REASONS. NO REFUND WILL BE MADE.

Signature of Applicant
with Address &
Telephone No.

Signature of Parent/Guardian
In Case of Minor

FOR GUESTS

D. I HEREBY DECLARE THAT I KNOW THE APPLICANT PERSONALLY AND I TAKE RESPONSIBILITY OF APPLICANTS CONDUCT TOWARDS CLUB RULES & REGULATIONS. CLUB MANAGING COMMITTEE HAS FULL RIGHT TO REJECT APPLICANT MEMBERSHIP WITHOUT ANY REASONS.

Name & Signature of club member
Membership No.
Telephone No.