



BISHOP JOHNSON SCHOOL & COLLEGE SWIMMING POOL REGISTRATION FORM (FOR OUTSIDERS)

(In Capital Letters only)

1. Name of the Applicant:
2. Date of Birth Age:
3. Gender
3. Father's/Spouse Name:
4. Address:
.....
5. Mob:
6. Whether you know the Swimming Yes / No



INSTRUCTIONS:

1. No eatables and games is allowed inside the pool area.
2. All who use the pool must take bath and wash their feet before entering the swimming pool.
3. Spitting/blowing of nose in the pool is strictly prohibited.
4. **Proper & decent swimming costume is mandatory.**
5. Swimmers need to follow the instructions of the life savers and coaches.
6. Applicant has to submit the self-attested Xerox copy of Aadhaar card along with registration form.
7. Each swimmer will be given an **Entry card/pool pass** with shift mentioned, which has to be brought every day in order to enter the pool. **The reporting time is 15 minutes before the allotted shift.**
8. Anyone suffering from **EYE / EAR / NOSE / SKIN / INFECTION OR ASTHMA** AND ESPECIALLY anyone **SUFFERING FROM FITS ARE NOT ALLOWED.**
9. The right of admission is reserved exclusively to the School Administration.
10. Pool will be closed every Sunday and alternate Saturdays for cleaning.
11. All the desiring applicants will have to fill in the Declaration Form and **submit it in the E-care Office along with the required monthly fees.**
12. Amount not refundable/no extension due to your absence.
13. For any query/information contact WhatsApp/call 7753876735.
14. I have read the above instructions and hereby undertake to abide by them.

DECLARATION:

I hereby declare that:

1. I know / do not know swimming and I will use the Swimming Pool at my own risk.
2. **I am using the Swimming Pool in Bishop Johnson School & College 9/23 M.G. Marg, Prayagraj at my own risk. I hereby indemnify the Bishop Johnson School & College for any injury or fatal Accident to myself.**
3. I am not suffering from any Chronic or Contagious disease or any medical disability / condition which prevents me from Swimming
4. All the particulars mentioned in the application form are correct to the best of my knowledge, if found wrong, my membership may be cancelled.

Name:

Place:

Date:

Signature of Applicant

ENTRY CARD

FOR OFFICE USE ONLY

- Name:
- Father's/Spouse Name
- Address
.....
- Mobile No. 1. 2.
- Valid From till
- Shift



Office Seal/Sign