



BISHOP JOHNSON SCHOOL & COLLEGE, PRAYAGRAJ

REGISTRATION FORM FOR SWIMMING CLASS(2026-27) (FOR STUDENTS)

BJSC Swimming Pool has safety Steel Ladders and Filtration Plant.
There are Four Coaches & Two Life Guards.

The Timing for Swimming is as follows:

Batches for Summer Holiday

1. 6:30 am to 7:30 am – For Boys
2. 8:00 am to 9:00 am – For Girls

Regular Timing

1. 4:30pm to 5:30pm – For Girls
2. 6:00 pm to 7:00pm – For Boys

Affix photo

INSTRUCTIONS:

1. All the Students desiring to **Learn Swimming** will have to fill in the Declaration Form given below and **submit it in the E-care Office alongwith** the required fees i.e. Rs.2000/-month.
2. Each Swimmer will be given an **Entry Card, which has to be brought every day** in order to enter the Swimming Pool. **The reporting time is 15 minutes before the allotted shift.**
3. All who use the pool must take a bath and wash their feet before entering the swimming pool.
4. No Eatables and Games allowed inside the pool.
5. The school holds the right to cancel any membership giving **NO** reason.
6. Right of admission is reserved. Amount not refundable/no extension due to your absence
7. **THE SCHOOL WILL NOT BE HELD RESPONSIBLE FOR LOSS OF ANY PERSONAL BELONGINGS/MONEY ETC.**
8. Students suffering from **EYE/EAR/NOSE/SKIN/ INFECTION OR ASTHMA** AND ESPECIALLY **STUDENTS SUFFERING FROM FITS ARE NOT ALLOWED.**
9. **ATTACH A FITNESS CERTIFICATE ISSUED BY A REGISTERED MEDICAL PRACTITIONER DOCTOR ALONG WITH THE FORM (COMPULSORY).**
10. Spitting /Blowing of nose in the pool is strictly prohibited.
11. **Pool will remain closed on Sundays and alternate Saturdays for cleaning & maintenance.**
12. Swimmers need to follow the instructions of the LIFE SAVERS and COACHES.
13. **Proper & decent swimming costume is mandatory.**
14. For any query/information contact WhatsApp/call 7753876735
15. I have read the above instructions and hereby undertake to abide by them.

NO OBJECTION LETTER FROM THE PARENTS & DOCTOR'S FITNESS CERTIFICATE IS COMPULSORY.

DECLARATION:

1. I hereby declare that my son/ daughter/ ward is not suffering from epilepsy / any neurological disease/skin problem or any other infectious disease. Medical Certificate is attached for kind reference.
2. **My ward is using the Swimming Pool in Bishop Johnson School & College 9/23 M.G. Marg, Prayagraj. I hereby indemnify the Bishop Johnson School & College for any injury or fatal Accident to my ward.**
3. I am not suffering from any Chronic or Contagious disease or any medical disability / condition which prevents me from Swimming

Student Name Bill Book No. Class

Father's/Mother's Name..... Mobile Number

Signature of Parent/Guardian

ENTRY CARD FOR OFFICE USE ONLY

Student Name:

Father's/Mother's Name

Address

Mobile No. 1. 2.

Valid From till

Shift

Affix
photo

Office Seal/Sign