



BISHOP JOHNSON SCHOOL & COLLEGE, PRAYAGRAJ

REGISTRATION FORM FOR SWIMMING CLASS (2025-26) (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. 6:00 am to 7:00 am – For Boys
2. 7:00 am to 8:00 am – For Girls

Regular Timing

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

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 along with** the required fees i.e. Rs.1500/-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.
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:

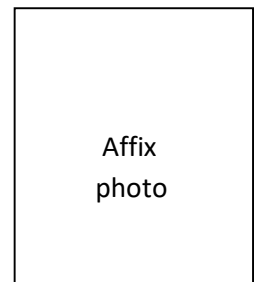
Father's/Mother's Name

Address

Mobile No. 1. 2.

Valid From till

Shift



Affix
photo

Office Seal/Sign



**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

Only Evening Shifts available:
 For Girls/Women: 4.00 to 5.00 p.m.
 For Boys/Men: 5.30 to 6.30 p.m.
 6.45 to 7.45 p.m.

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. The right of admission is reserved exclusively to the School Administration.
- 9. Pool will be closed every Sunday and alternate Saturdays for cleaning.
- 10. 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.**
- 11. For any query/information contact WhatsApp/call 7753876735
- 12. 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
.....



Affix
photo

Mobile No. 1. 2.

Valid From till

Shift

Office Seal/Sign