



# 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. 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. For any query/information contact WhatsApp/call 7753876735.
13. 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 .....

Affix  
photo

Office Seal/Sign