7 -: SHRI GANESHAYE NAMAH:-

**

**country_flag_3d_text_effect (1)** Organized & Run by:

**Under the aegis of**

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| Paste passport size photo here |

Reg. No……..

***Registration form***

Name (in block letter)…………………………………………………….................................................

Father’s name………………………………………Occupation…………………………………..…….

Address: ……………………………………………………………………………….…………………

Telephone no.: ………………………… (M)……..………………...…… (R)………………..……… (O)

Date of birth: ………… Standard………..Section………..School/College……………………..…………

Hobbies: ……………………………………………………….……………………………………………

Other information (if any): …………………………………….…………………………………………...

I agree to adhere strictly to the discipline of the program and abide by the direction of the Coach or Instructor during the whole sports activity.

Signature of Applicant Parent/Guardian

Signature

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**FOR OFFICE USE ONLY**

Receipt no…………….Date…………………………….Amount: ………252/-…………Fee received by

Cash/DD/Cheque no: ……………………………………….Bank…………………..……………………….

Office Seal

**PARENT/GUARDIAN CONSENT LETTER**

It is certified that my son/daughter/ward………………………………..is going to attend Lavin Indo Taekwondo and Gymnastics sports in your Dozo. I am sending my ward willingly to this sports club/Institution or Campus and this concerned would not be responsible for any unforeseen happening. It is also certified that he /she is physically fit to undergo any physical program. However my son/ daughter/ward have no any allergies, Illness, I also assure that he/ she is not suffering from asthma, heart disease or any other medical disability.

Signature of Parent/Guardian

Name: ………………………

Tel. No.………………….......

**MEDICAL CERTIFICATE**

This to certify that I check Mr. /Ms…………………………… son/daughter of Sh.…………………..……

with Blood Group no. ……………… on dated………………………is fit for any Sports program.

* Any illness……………………………………………………
* Any allergies………………………..………………………..
* Any heart disease…………………...………………………..
* Asthmatic…………………………………………………….
* Any physical disability……………….………………….…..
* Any other information……………………………………….

I found the student **fit/unfit** to join above mention sports program.

Doctor’s Sign