

Application Form For Swimming Pool

- 1 Name _____
- 2 Gender _____ Blood group _____
- 3 Date of birth _____ Contact / Mobile No. _____
- Email _____ Permanent Address _____
- _____ Emergency contact number _____

- 4 Batches Timing: Morning _____ Evening _____

Note : Batches Timing should be Strictly followed

5 Medical Fitness Report

1. Have you ever suffered at any time from the following :

a Ear trouble, earache, discharge or deafness?

☐ Yes ☐ No

b. Sinus trouble

☐ Yes ☐ No

c. Chest disease, including asthma, bronchitis, collapsed lung or T.B.?

☐ Yes ☐ No

d. Attacks of giddiness, blackouts or fainting

☐ Yes ☐ No

e. Fits of nervous disorders including persistent headaches or concussion?

☐ Yes ☐ No

f. Anxiety "nerves" nervous breakdown?

☐ Yes ☐ No

g. Diabetes ?Specify since when?

☐ Yes ☐ No

Rs.100/-

Yash Tumsare
9511855278

Dhanpal G.Onkar
7620994578

Ashutosh Wasnik
7620444364

2. Do you regularly or frequently take medicine or other treatment with or without prescriptions?
☐ Yes ☐ No
3. Are you currently receiving medical care or have you consulted any doctor in the Past Year
☐ Yes ☐ No
4. Have you every been refused life insurance or failed a medical examination?
☐ Yes ☐ No
5. Do you smoke
☐ Yes ☐ No
6. Have you attended or been admitted to the hospital
☐ Yes ☐ No
7. have you had surgery
☐ Yes ☐ No
8. He/she patient of epilepsy/feat?
☐ Yes ☐ No
9. Do you have allergies to medicines?
☐ Yes ☐ No

(provide a list of allergies)

6. Do you have a history of orthopedic problems?
☐ Yes ☐ No

I hereby declare that to the best of my knowledge, I am in good general health and declare that I have not omitted any information that may be relevant to my fitness to swim. I authorize my Doctor to disclose any detail of my past or present medical history if any I also agree that relevant information about my health may be disclosed to the persons directly concerned with this swim attempt

Signature

Date

Witness Signature (Examining Doctor)

Date

Declaration:

- 1 I have gone through the rules and regulation for the membership and agree to abide by those rules
- 2 The information given above is correct to the best of my knowledge and if found wrong at any time, my memberships may be cancelled
- 3 I will not claim any compensation for his/her injury during swimming in the swimming pool management will not be responsible for any injury or loss of life he/she is not the present
- 4 He/she will use lifesaving equipment's and swimming costume as per the rules and advice of coaches/life guards

(Parent/Guardian's Signature)

(Swimmer's Signature)