



DELHI PUBLIC SCHOOL, R. K. PURAM, NEW DELHI
SWIMMING POOL MEMBERSHIP 2018 - 2019
(Kindly fill the form in BLOCK LETTERS)

PASTE
RECENT
PHOTOGRAPH
OF THE
STUDENT

Tick the appropriate category

Annual Membership Monthly Membership

Select the Timings

Morning 6:40 -7:25 am 7:30 - 8:15 am
(Morning timing is Only for summer holidays)

Evening 4:45 - 5:30 pm 5:35- 6:20 pm 6:25-7:10 pm

To be filled by the parents of the students of DPS R. K. Puram [] Vasant Vihar [] East of Kailash []
(Class III onwards students are allowed)

Full name of the student

Father's / Mother's name

Name of authorized Guardian

		Relationship	
Class / Section		Admission No.	
Date of Birth		Age	
Male / Female		Blood Group	

<i>Contact Information</i>	
Residence	Office
Address	Address
Phone	Phone
Mobile	Mobile
Email	Email

UNDERTAKING

- I / We certify that my / our ward has been declared medically and physically fit by the doctor to swim and take part in the sports activities and he / she is not suffering from any chronic, contagious disease. (Medical fitness certificate attached). He / She is not a patient of **EPILEPSY** and does not suffer from any cardiac problems.
- I / We give the undertaking that he / she will obey the prescribed rules and regulations laid down by the school authorities for the usage of swimming pool.
- The organizers / school authorities will not be responsible for any illness or accident beyond their control.
- I / We declare that my son / daughter _____ is joining the Swimming Pool membership. I / We have deposited the membership fee of Rs. _____ vide Cheque No. _____ dated _____ drawn on _____.

SIGNATURES

Student _____ Guardian _____ Father _____ Mother _____

Place:

Date:

PERMITTED / NOT PERMITTED

HOD, SPORTS

VICE PRINCIPAL

PRINCIPAL

(Contact Mr. N.Suresh 9910976543 - for all queries related to the membership)