

**DELHI PUBLIC SCHOOL, R.K. PURAM, NEW DELHI**

*Form For*

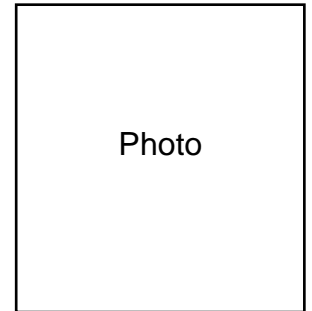
**SUMMER SPORTS COACHING CAMP-2018**

**(Kindly fill the form in BLOCK LETTERS)**

Name of the game: \_\_\_\_\_

Name of the School: DPS R. K. Puram/ DPS Vasant Vihar/ DPS East of Kailash

<b>Name of the Student :</b>	
<b>Class/ Sec:</b>	<b>Admission No:</b>
<b>Father Name :</b>	
<b>Mother Name :</b>	
<b>Father Mobile No. :</b>	
<b>Mother Mobile No. :</b>	



Address	
Residence	Office
<b>Phone:</b>	<b>Phone:</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Email:</b>

Male/Female	Date of Birth	Blood Group

**UNDERTAKING**

It is certified that my son/ daughter/ ward \_\_\_\_\_ is joining the Summer Sports Coaching Camp and I am depositing the requisite fee of Rs. 1000/- (Cash).

It is also certified that my ward is not suffering from any chronic, contagious disease and he/she is physically and medically fit to take part in sports coaching camp. I also guarantee that he /she will obey the rules and regulations of the sports coaching camp. I assume that failure to do so the school authority has the right to cancel his/ her participation in the camp with immediate effect and appropriate action may be taken. The controllers /school authorities will not be responsible for any illness or accident beyond their control. He is/ She is also not a patient of EPILEPSY.

**SIGNATURE OF THE STUDENT**

**SIGNATURE OF THE PARENT/ GUARDIAN**

Place \_\_\_\_\_  
Date \_\_\_\_\_

Relation with student \_\_\_\_\_

**FOR OFFICE USE:**

**PERMITTED / NOT PERMITTED**

**PRINCIPAL**