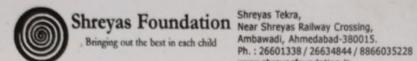
- Two Photos
- Dr. Fitness Certi.
- Co-ordinator's Sign
- Birth Certificate



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FOR OFFICE USE	
Rs. :	
Receipt No.:	Affix photo here
Date :	

SHREYAS ACTIVITIES ADMISSION FORM

Officer with stamp

	Date :
Name :	***************************************
Address :	
Phone No. :	Mobile No. :
Date of Birth : Age : Y	rs. Gender: M F
School Name :	
Parent's Occupation :	
Phone No.:	Mobile No. :
E-mail:	
Please tick the applicable	
Swimming: Skating: Football: Karate:	Yoga : Horse Riding : Walking :
Membership : Batch :	Timing:
As per Co-ordinator's instructions :	
activity.	
Date of Admission :	Co-ordinator's Sign :
I am enrolling my ward / myself for	at Shreyas Foundation at my own risk. Shreyas
	Signature
	(Parent to sign for those below 18)
Right to admission reserves with Shreyas Foundation Members are expected to be punctual, regular and well behaved No coaching on Sunday and Shreyas Foundation Holidays	 Please do not bring any valuables. Member are responsible for their personal belongings For any queries parents are requested to contact Coordinator and not the coaches Carry I-card all the time Helmets are compulsory for skating & Horse - Riding Fees are not refundable
Medical Certificate for Swimming	
The applicant is	healthy and hygienically fit to join the o
Heart Lungs	Liver
Lymph Gland Eyes	I have examined the applicant thoroughly.
Sign of registered Medical	