



IIT INDORE SWIMMING POOL MEMBERSHIP APPLICATION FORM

(1) **Membership Category** (please strike out which are not applicable):

IIT Indore Student IIT Indore Employee IIT Indore Employee
Child IIT Indore Employee Dependent IIT Indore Employee
other relative IIT Indore Project staff Guest.

Passport
Photograph

(2) **Membership type:** One month /Three months /Six months/1 Year

(3) **Name (IN BLOCK LETTER):** _____

(4) **Sex:** Male / Female (5) **Date of Birth:** _____

(6) **Roll No (for student) / Employee ID no (for employee):** _____

(7) **Designation (for employee):** _____

(8) **Department:** _____

(9) **Contact No:** _____

(10) **Emergency Contact no :** _____

(11) **Name & address of campus resident to be contacted in case of emergency:**

(12) **Slot/Timing Preference 1.** _____ **2.** _____ **3.** _____

(13) **Swimmer Category:** Swimmer Non swimmer

(14) **Additional information (In case of Child / Dependent / Other relative)**

(a) **Name of the Child/Dependent/Other relative:** _____

(b) **Relation with employee:** _____

(c) **The relative has been residing in the campus with me since** _____

(d) **Membership required for the period: from** _____ **to** _____

(e) **Height:** _____

MEDICAL FITNESS CERTIFICATE

(To be obtained by CMO, IIT Indore Health Centre/any Registered Medical Practitioner)

To be filled by the applicant: -

Yes No If any, kindly specify.

- a) Allergy
- b) Bronchial Asthma
- c) Epileptic Fit
- d) Psychiatric Illness.....
- e) Any contagious disease.....
- f) Any other significant history.....

I will notify the sports authority and Health Centre if I develop any significant medical condition in future.

Signature of applicant

This is to certify that

Dr/Shri/Ms/_____

As per history given, medical records available and medical examination, I have found him/her to be medically fit/unfit for swimming as on date.

- | | |
|----------------------------|----------|
| 1. Skin Disease | Yes / No |
| 2. Heart Disease | Yes / No |
| 3. Epilepsy | Yes / No |
| 4. Psychiatric Disease | Yes / No |
| 5. Accident in past if any | Yes / No |
| 6. Any contagious disease | Yes / No |

7. History of major illness/surgery if any _____

8. General Examination _____

9. Any other Remarks _____

Date :

Signature of Institute Medical Officer/Authorized official

(14.A) DECLARATIONS (Self):

- (i) In case of an accident, I will not hold the Institute authorities responsible in any way. Rules & Regulations and their amendments as decided by the swimming pool management /Sports committee are applicable to me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the swimming pool.
- (ii) I declare that I am not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc.
- (iii) I understand that if any one of the details given above is proved to be false, my membership shall be canceled, and suitable disciplinary action shall be taken against me.
- (iv) I have read and understood the IIT Indore Swimming pool rules and guidelines and agree to abide by these instructions and rules .

***(14.B) DECLARATIONS (In case of Child / Dependent / Other relative):**

- (i) In case of an accident of my Child / Dependent/ Other relative, I will not hold the Institute authority responsible in any way. Rules & Regulations and their amendments as decided by the swimming pool management committee are applicable to me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the swimming pool.
- (ii) I declare that my Child/Dependent/ Other relative is not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc.
- (iii) I understand that if any one of the details given above is proved to be false, the membership of both my and my Child/Dependent/ Other relative shall stand canceled automatically.
- (iv) further, I declare that I shall accompany my child/ward and keep vigil on him/her at all points of time during his/her stay at the Swimming Pool compound and that I shall never leave him/her alone and unattended. In case of my failure to do so, the membership of my child/ward shall be summarily canceled for the whole season.**(Special note:** The swimming pool facility is available for the children above 6 years of age. Non swimmer / beginner children must be brought to the pool with proper swimming attire. Arm guard is a must for him/her).
- (v) I have read and understood the IIT Indore Swimming pool rules and guidelines and agree to abide by these instructions and rules

(Signature of the Student)

OR

(Signature of the Employee)	(Signature of the Dependent / Other relative/ Guest)
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Date: _____

(In case of child: Signature of the guardian, who is the employee of the Institute)

Documents to be submitted along with the Registration Form:

1. Copy of the I D card of the Employee / Student/ Dependent/Guest
 2. Copy of the Birth Certificate. (In case of Child)
 3. Latest Medical Certificate issued by CMO, or an MBBS doctor certificate.
 4. Two numbers of passport size photographs
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**For office use only
(Approved / Not Approved)**

Date of submission:..... Date of issue of pass:.....

Timing Allotted:/ Date of expiry:

Pass No.:

Authorized Signatory

Sports Complex, IIT Indore