



# The Shishukunj

## INTERNATIONAL SCHOOL

### NORTH CAMPUS

Affiliated to Shishukunj International Foundation.

Gram Badodia Ema, Behind Vishwanath Dham,  
Indore - Ujjain Road, Indore (M.P.)  
Phone : 6262628311, 6262628312  
e-mail : info.north@shishukunjindore.in  
website : www.shishukunjnorthindore.in

### APPLICATION FORM FOR SWIMMING

Date : \_\_\_\_\_

- 1. Name (in capital letters) \_\_\_\_\_
- 2. Class & Section \_\_\_\_\_
- 3. Father's Name (in capital letters) \_\_\_\_\_
- 4. Official Address, Service / Business with telephone nos. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_

**Note :** Admission will be strictly according to the rules and regulations mentioned below -

- 1. All the trainees for swimming will have to produce a medical certificate from their doctors certifying that they are medically fit for swimming.
- 2. Beginners will not be allowed to swim unless they wear RED CAP.
- 3. Any injury or loss of life during training period will be at risk and cost of trainee.
- 4. No compensation or claim will be entertained for injury or loss of life during training / practice.

### PARENT / GUARDIANS UNDERTAKING

I have read the rules and regulations. I abide myself by them and have no objection to his/her joining swimming.

I indemnify the school from responsibility for any untoward accident that may happen involving my son/daughter.

(Sign. of Parent/Guardian with Date)

### MEDICAL CERTIFICATE

This is to certify that I have examined Shri/Kum/Smt. \_\_\_\_\_  
age \_\_\_\_\_ and found that he/she is not suffering from any ailment. He/She is fit to take part in swimming.

Date : \_\_\_\_\_

Sign. of Doctor \_\_\_\_\_

Regn. No. \_\_\_\_\_ Address \_\_\_\_\_

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