JUHU VILE PARLE GYMKHANA CLUB

SWIMMING COACHING ENROLMENT FORM

Senior Citizen: Yes / No

Name: _____

Parent's Name : (if junior)		
Mem.No	Date:	
Tel. Nos	Date of Birth:	•
(MON - SAT): 4.15 - 5.00 P.M., *8 students per batch. *Registration is for 1 month term * Those who do not know swimm		Rs.1000/- per month per student
2) ADVANCED: 4.00 - 5.00 P.M., 5. (MONDAY - SATURDAY) *Two concurrent batches with a taken to the second	otal of 20 students. h.	Rs.2,000/- per month per student
3) SUPER ADVANCED (JUNIOR + (MON - SAT): 4.00 P.M 6.00 P. *Two concurrent batches with a to * Registration for term of 1 month * Those who in Regular Competit	M. otal of 16 students.	Rs.2,500/- per month per student
UNDE	RTAKING BY THE MEMBERS	
BY SIGNING THIS FORM, IT IS CER		
a) Swimming Pool facilities at my ov	een thoroughly examined by my doctors were risk and responsibility.	or and am using the
I undertake full responsibility for	any damage, loss physical or othe ward incident/accident and absolve the	
c) I have read the Rules and Regul	lations of the Club and agree to abide	by all the clauses
		ndable.
Parent's / Guardian's Signature	Signature of Coach	Signature of S. Pool Rep.

JUHU VILE PARLE GYMKHANA CLUB

SWIMMING POOL DEPARTMENT

SUMMER COACHING CAMP 2015 - 16TH APR. TO 15TH JUNE, 2015

SWIMN	SESSION. I - 16/04 SESSION. III - 17/0 IER'S FULL NAME	05/15 to 31/05/1	5. IV - 01	/06/15	to 15/06/15. DATE OF BIRTH: (In case of chil	.d)	
MEMBERSHIP NO				SESSION & TIME :			
CONTA	CT NOS.(R)	(O)		_	MOB		
CHARC	3ES: 1) Beginners - 2 2) Advanced - Re (Special batch ca	s.2000/- per Ses	sion -	Streng	th - 6 to 8 members in a battle the - 8 to 10 members in a land members in a land members to be 6)		
TIMINO	GS: <u>BEGIN</u>	NERS					
A)	7.15 A.M. TO 8.00	A.M. (6 Years	. (6 Years onwards)		3.45 P.M. to 4.30 P.M. (3	3 - 6 Years only)	
B)	8.00 A.M. TO 8.45	A STATE OF THE STA		E)	4.30 P.M. TO 5.15 P.M.	And the state of t	
C)	8.45 A.M. TO 9.30 ADVAN		onwards)	F)	5.15 PM. TO 6.00 PM	(6 Years onwards	
Note					t 4.45 PM to 5.45PM er Coaching Camp.	(3 Batches)	
		UNDERT	AKING BY	THE	MEMBER		
	NING THIS FOR				11	•	
			• •		ed by my doctor and are usi	ing	
	imming pool facilitie		-		or otherwise to self/above	named	
swimm	•	oward incident/a	ccident and		ve the club management ar		
•				le by al	I the clauses therein.		
	extra as applicable	8					
	registered, we will b	e billed as above	e for the du	ration	of term.		
* Regist	ration once made ca	nnot be cancelle	ed or paid fe	es are	non refundable.		
* Classi	fication of swimmer	s is at the discre	tion of chie	f coac	n.		
* In case	e of swimmer being	a minor, parent	must fill up	this fo	orm.		
Member	r's signature	Parent's signat	ure		Signature of S. Pool Rep.	_	

Note: If there are excess students, there will be one more batch from 9.30 to 10.15 AM.