

REGISTRATION FORM – SWIMMING POOL

1. NAME, RANK & NO OF THE APPLICANT
(IN CAPITAL LETTER ONLY) _____

2. CGOM ANNEXE MEMBERSHIP
NUMBER : _____

3. NAME OF PERSON AVAILING FACILITY: _____

DATE OF BIRTH & AGE : AGE _____ DOB (/ /) (GENDER _____)

4. SPOUSE DETAIL : _____

DATE OF BIRTH & AGE : AGE _____ DOB (/ /) (GENDER _____)

5. DEPENDENT 1 DETAIL : _____

DATE OF BIRTH & AGE : AGE _____ DOB (/ /) (GENDER _____)

6. DEPENDENT 2 DETAIL : _____

DATE OF BIRTH & AGE : AGE _____ DOB (/ /) (GENDER _____)

7. RESIDENTIAL ADDRESS : _____

MOBILE NUMBER: _____

8. WHETHER THE PERSON AVAILING
FACILITY KNOW SWIMMING :

DECLARATION

I hereby declare that:

1. I Know/do not know swimming and I will use the swimming pool at my own risk.
2. I have read the instructions and hereby undertake to abide by them
3. I hereby indemnify the government and the swimming pool management for any injury or fatal accident to my self.
4. I am not suffering from any chronic or contagious disease or any medical disability condition which prevents me from swimming.
5. All the particulars mentioned in the application form are correct to the best of my knowledge, if found wrong, my membership may be cancelled.

(Signature of Member)	(Spouse Sign)	(Dependent 1 Sign)	(Dependent 2 Sign)
Name: _____	Name: _____	Name: _____	Name: _____
Place: _____	Place: _____	Place: _____	Place: _____
Date: _____	Date: _____	Date: _____	Date: _____

Office use

Application for availing facility of swimming pool in respected of _____
_____(Name of swimmer) as per details above has been accepted/ rejected and
registration no. _____ has been allotted

Signature of authorized person

Received sum of Rs. _____ from _____ as membership fee.

Date _____

Signature of authorized person