

St. Francis' College
Sports Academy (Registration Form)



Student's Name:-

Class: - Sec: - Sports Opted:-

Father's/Mother's Name: -

Contact no (1):-

Contact no (2):-

Any Medical Problem (if yes, please specify):-

Current Address:-

Declaration:-

I, the Father/Mother of Master _____, studying in Class _____, confirm that the information provided is accurate and complete. I confirm that I have disclosed all relevant medical or physical conditions that may impact my ward's participation in the chosen sport. I acknowledge that the coaches and school are not responsible for any **injuries or incidents** during training. I agree to comply with any future **amendments or guidelines** set by the coaches or the school.

Date: -

Father's/Mother's signature

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- Training sessions are held from **Monday to Friday**.
 - Please attach a **Medical/ Fitness certificate**.
 - Parents/ Guardian should update coach on any medical conditions that arises during the training.
 - Monthly Fees is **1,000 per student per sport**. (Non-Refundable).
 - The school/coaches are not responsible for any injuries sustained during training.
 - Holidays will be notified in **advance**.
 - Students are required to bring their own basketball or football, as well as their own cricket kit or sports equipment.
 - **Fee receipts or sports ID cards** will be checked daily. **Entry/training is not permitted** without them.
 - Students must arrive on time to **avoid confusion and disruption**.
 - **Parents are not allowed to be present during the training session and are requested to remain at the front office.**

Available Sports and Timings:-

Basketball (6:00 am to 7:00 am) **Classes: - III - XII**

Contact Person: - **Mr. A.P. Singh** **+91-8010340700**

Football (4:00 pm to 6:00 pm) **Classes: - III – XII**

Contact Person: - **Mr. Sandeep** **+91-9936628470**

Volleyball (4:00 pm to 5:00 pm) **Classes:-VI-XII**

Contact Person: - **Mr. H.S.Chandel** **+91-8115637349**

Swimming (6:00 am to 7:00 am) & (1:30 pm. to 2:30 pm) **Classes: - III - XII**

Contact Persons: - **Mr. Abhishek** **+91-8577858437**

Receipt

Student's Name: -

Class: -

Sports opted:-

Amount Received: -

Valid till:-