

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

- 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:- (After the College)

Football

Classes: - III – XII

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

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

Receipt

Student's Name: -

Class: -

Sports opted:-

Amount Received: -

Valid till:-