

**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:- ( After the College )**

**Football**

**Classes: - III – XII**

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

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

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**Receipt**

Student's Name: -

Class: -

Sports opted:-

Amount Received: -

Valid till:-