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 **Rs.1,000 per student per sport**. (Non-Refundable). **Only for Gym the fees will be –Rs. 500**
- 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**
Basketball	**Classes: - III –XII**	Contact Person: - **Mr. A.P. Singh**	**+91- 8010340700**
Swimming	**Classes: - VI-XII**	Contact Person: - **Mr. Philip C. Masih**	**+91 -8318034418**
Gym	**Classes: - IX –XII**	Contact Person: - **Mr. Abhishek**	**+ 91 - 9839031820**

Receipt

Student's Name: - Class: - Sports opted:-

Amount Received: - Valid till:-