

I wish to enroll my son/daughter for undergoing the progressive Tennis/Football/ Basketball/ Boxing/ Tkd

(Please fill in the block letters)

Name Of Student: Master/Ms _____

Age & Date Of Birth: _____

Division: _____ Roll No: _____

Address: _____

Paste passport size photograph of student

Telephone No: _____

Email(Of Trainee): _____

Name Of The Parent(For Minors): _____

Address: _____

Telephonenumber: _____ Fax: _____ Mobile: _____

Email: _____

Any information regarding that health of the trainee, the parent might want the IOS to be aware of

Blood Group Of Trainee: _____

I understand IOS the school not be responsible for any accidental injury that could occur to me/my child during sports session

Signature Of Parent

Date: _____ Place: _____

Fee Of Rs. _____ To Be Paid In Cash/Cheque In Favour Of
Player has paid the specified fee & enrolled to _____

Authorised Signatory: _____ Date: _____

Name of the Student: _____ Parents Name : _____

Class: _____ Division _____ Date of Birth _____

Email (Parent's): _____ Alternate Email: _____

Contact Number (Parent's): _____