

Sports Authority of India
Lakshmbai National College of Phy.Edn.
Thiruvananthapuram



Registration form for Pay and Play Scheme (Summer Camp)

1. Name of the Applicant :
2. Sports Discipline selected for training :
3. Name of parent/Guardian :
4. Date of Birth : Age : Sex :
5. Status (student/ or otherwise)
6. If so, the institutional /organizational
Address with contact number :
7. Residential address :
8. Contact telephone numbers :

RULES & REGULATIONS

1. SAI-LNCPE will not be responsible for any injury/loss of life during the playing period and no compensation or claim will be entertained.
2. All instructions imposed by the College authorities will be strictly adhered to.
3. The Entry pass should be brought every day and should be shown on demand from authorized officer.
4. Pets are not allowed inside the campus.
5. Any deliberate damage/loss caused to the College property will be recovered from the member.
6. The College authority reserve the right to suspend/cancel the membership of any individual without giving any prior notice/reason in the interest of efficient functioning of the arrangements.
7. The entry is restricted to the earmarked area only.
8. SAI-LNCPE will be not responsible for any valuable/cash of members.
9. The entry pass will automatically get cancelled if it is not renewed within the stipulated period.
10. No refund or adjustment of fee will be made in case the sport infrastructure is closed for maintenance or for any other unavoidable reasons
11. Applicant suffering from any contagious diseases will not be permitted for training
12. Documents required for membership : Two passport sized photographs, Residential/identity proof, proof for age & medical fitness certificate.
13. SAI-LNCPE reserve the right to change the training time as and when required.

(PTO)

MEDICAL CERTIFICATE

(To be certified by a Registered Medical Practitioner)

Name.....Sex.....
Height.....Weight (In Kg).....
Physical Appearance/Musculature
Robust/Average/Weak
Previous fracture, Joint injuries (give details)
B.P
C.N.S
C.V.S
Respirator System.....
Liver.....
Spleen.....
Hernia sites
Throat.....
Ears Perforation/discharge/any other mentionHearing.....
Eyes.....Vision with glasses.....
(Colour Blind Partial/Complete)
Any abnormality, Physical defect or disability (such as Kyphosis, Scoliosis, Knock Knees, Flat
Fleet, Obesity)
History of Epilepsy, Asthma, T.B, Allergy, etc
Sensitivity to drugs, if any

I certify that I have this day carefully examined (Name)
and recorded my observations as given above. I am satisfied that she/he is FIT/NOT FIT to
undergo training in sports which will involve strenuous physical activities and competitive
games.

Date.....
Signature.....
Name.....
Address.....
.....
Signature of the candidate

DECLARATION

I have read the above rules and regulations and hereby undertake to abide by them

(Name & Signature of applicant)

(Name & Signature of guardian)

RECCOMENDATION BY THE AUTHORISED COACH

Sh ./Kum is a talented and potential sports person. He/She may be permitted to use the sports infrastructure for training under Come and Play scheme for a period of

Name & Signature of the Coach with date

DETAILS OF FEES/Remittance

Fees to be remitted (Rs)		Details of fees remitted
Registration fee:		Receipt No.
Training Fees		Dated:
Total		

ORDER

Sh./Kum..... is permitted to use the sports infrastructure in the LNCPE campus (only for the particular discipline applied for) for training under Pay and Play scheme for a period of months w.e.f.....

DEPUTY DIRECTOR/ ASSISTANT DIRECTOR

Remarks : (Details of Sports Achievement if any)

Certificate verified and Pass issued

Signature of Pass issuing official