

# SYMBIOSIS CENTRE OF HEALTH CARE (SCHC)

SIMS Campus, Range Hills Road, Kirkee, Pune – 411020.

Phone – 020-25813800

Date: \_\_\_\_\_

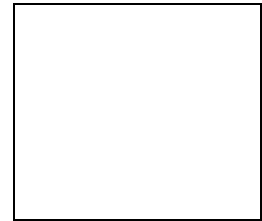
Prn.

No. \_\_\_\_\_

## CONSENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_



Phone No.: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M/F

Height: \_\_\_\_\_ weight: \_\_\_\_\_ Blood Group: \_\_\_\_\_ Swimmer / Learner

Medical History: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Person Name \_\_\_\_\_

- ❖ I the undersigned request to enroll myself / my ward for swimming/coaching.
- ❖ I agree to abide by the rules and regulation of the management and the terms mentioned below.
- ❖ I do not suffer from any epileptic, seizures, giddiness, nervous disorders or any skin infection or disease.

### Terms and conditions

- All fees are payable in advance and are non-refundable and non-transferable.
- No transfers, refunds or extensions on any membership.
- Management reserves the right to terminate the membership of any member on account of misconduct, default or any other reasons. Such terminations will not be entitled to any refund whatsoever.
- Every candidate should undertake the swimmer test before enrolling for the pool membership.
- Non swimmer not allowed without coach.
- Every member should sign in the “in” & “out” register before entering and leaving the pool.
- Every swimmer must come out of the water after 45 minutes of his/her respective timing.
- A shower is compulsory before and after swimming.
- Every swimmer must come out of the pool immediately if he/she feels uneasy, giddy, has a sense of vomiting on any other health problem.
- The management will not be responsible for any loss / damage / theft of any belonging of anyone of premises.
- Applicant / Guardian shall indemnify the management from any claim, damage, loss or injury due to any mishap / accident or action whatsoever by reasons of swimming pool activities, exercise and other facilities, as the management will not be responsible for the above.
- All members are required to submit 2, I-card sized photographs and a medical certificate.
- Admission rights are reserved.
- I accept and agree to abide by the above by the above mentioned terms and conditions.

Signature of applicant  
(Parent / Guardian in case of minor)

Signature  
(For SCHC)