



**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**SWIMMING POOL**

**CHILD MEMBERSHIP APPLICATION FORM**  
**(For 3 - 8 Yrs. age group)**

**Type of membership: Monthly/Three month/Full season/15 Swim/ Two weeks alternate swim pass**

Name (IN BLOCK LETTERS) \_\_\_\_\_

Gender: M/ F/Oth \_\_\_\_\_ Age \_\_\_\_\_ Yrs. \_\_\_\_\_ Height: \_\_\_\_\_ cm

Name of the employee \_\_\_\_\_ Relation \_\_\_\_\_  
(With employee)

Roll No /P.F. No \_\_\_\_\_ Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Name & address of guardian to be contacted in case of emergency:

\_\_\_\_\_

Mobile No.: \_\_\_\_\_

Transaction reference number: ..... Amount: ₹..... Date: ...../...../.....

Preference of slot: \_\_\_\_\_

**DECLARATION**

- 1\* In case of an accident I will not hold the institute authorities responsible in any way. **Rules & Regulations** and their amendments as decided by the swimming pool management committee are applicable on me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the Swimming pool.
- 2\* **I declare that my child is not suffering from any communicable disease, Epilepsy and Psychiatric Illness.**
- 3\* I understand that if any one of the details given above is proved to be false, the membership of both me & my child will be cancelled.
- 4\* I consent to the declaration that if my child who is not a swimmer, is found alone or unsighted or unreachable by me at any moment of time in the pool, pool staff will take the child out of the pool immediately and membership of the Child will be cancelled for whole season. This will be particularly made strict for children whose height is below 140 cm.
- 5\* Non swimmer / beginner child must be brought to the pool with proper swimming attire **(specially arm guard is must)**

Date: ...../...../.....

(Signature of employee)