

- **Two Photos**
- **Dr. Fitness Certi.**
(Only for swimming)
- **Co-ordinator's Sign**
- **Birth Certificate**



Shreyas Foundation
Bringing out the best in each child

Shreyas Tekra,
Near Shreyas Railway Crossing,
Ambawadi, Ahmedabad-380015.
Ph. : 079-35333462/26601338/8866035228
www.shreyasfoundation.in

FOR OFFICE USE

Rs. :

Receipt No. :

Date :

**Affix photo
here**

SHREYAS ACTIVITIES ADMISSION FORM

Date :

Name :

Address :

Phone No. :

Whats App No. :

Date of Birth :

Age : Yrs.

Gender : M ☐ F ☐

School Name : Std :

Parent's Occupation :

E-mail :

Please tick the applicable

Swimming : ☐ Skating : ☐ Football : ☐ Karate : ☐ Yoga : ☐ Horse Riding : ☐ Walking : ☐

Cricket : ☐ Volleyball : ☐ GYM : ☐

Membership : Batch : Timing :

As per Co-ordinator's instructions : is eligible / not eligible for
..... activity.

Date of Admission :

Co-ordinator's Sign :

I am enrolling my ward / myself for at Shreyas Foundation at my own risk. Shreyas Foundation will not be liable for any injury or damage.

Signature

(Parent to sign for those below 18)

Instructions :

- Right to admission reserves with Shreyas Foundation
- Members are expected to be punctual, regular and well behaved
- No coaching on Sunday and Shreyas Foundation Holidays

- Please do not bring any valuables. Member are responsible for their personal belongings
- For any queries parents are requested to contact Co-ordinator and not the coaches
- Carry I-card all the time
- Helmets are compulsory for skating & Horse - Riding
- **Fees are not refundable**

Medical Certificate for Swimming

The applicant is healthy and hygienically fit to join the Swimming Classes.

Heart Lungs Liver Skin

Lymph Gland Eyes I have examined the applicant thoroughly.

Sign of registered Medical
Officer with stamp

Date :