

DELHI PUBLIC SCHOOL, MATHURA ROAD, NEW DELHI

SWIMMING FORM 2024-25

1.Name _____

2.Class & Sec _____

3.Parents/Guardian's name _____

4. Occupation _____

5. Office Address _____

6. Contact Nos. (Minimum two numbers) _____

PHOTO

(Sign. of Parent/ Guardian)

Note: Admission in the swimming pool will be strictly according to the rules and regulations mentioned below:

1. A certificate signed by a doctor shall have to be produced before enrollment, that the person using the pool is free from any form of communicable disease and has not open wounds/ Lacerations etc.
2. The users are responsible for the safety of their valuables, like watch, purse with money, jewellery etc. the school is not responsible for any loss incurred in this regard.
3. It is compulsory for everyone to have a shower before entering into the pool.
4. Only proper swimming costume shall be used inside the swimming pool.
5. Girls must wear a swimming cap.
6. Spitting in the pool is prohibited.
7. Beginners will wear a red swimming cap while in the pool.
8. Entry into the pool is allowed only after taking permission from coach or life guard.
9. Diving in the pool is prohibited.
10. **No entry in the swimming pool without parental consent.**

HOD/PE FACULTY

HEADMISTRESS

VICE PRINCIPAL

PRINCIPAL

CONSENT FORM FOR SWIMMING

I/Mr./Mrs. _____ parent of _____ studying in class _____ of DPS Mathura Road do hereby give my willing consent for my ward to use the school's swimming pool. I hereby indemnify the school in case of any mishap which may/ can occur during the swimming period.

Date : _____

Signature of the Parent: _____

Mob. No: _____

Parents' name : _____

MEDICAL/ FITNESS CERTIFICATE

This is to certify that I have examined _____ of Class/Sec _____ Admn.

No. _____ and found that he/she is fit to take part in swimming activity in school.

Signature of the Doctor

Date _____

Name _____

Regn. No. _____

Seal of the Doctor _____