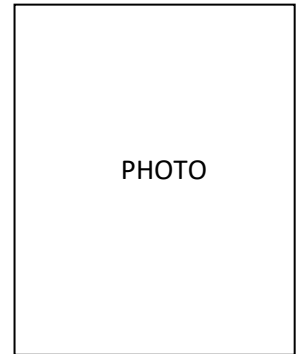


**DELHI PUBLIC SCHOOL ,MATHURA ROAD, NEW DELHI  
APPLICATION FOR SWIMMING**

1.Name \_\_\_\_\_  
2.Class & Sec \_\_\_\_\_  
3.Father's Name \_\_\_\_\_  
4.Occupation \_\_\_\_\_  
5.Address \_\_\_\_\_  
6.Contact No. \_\_\_\_\_



(Sign Of Applicant)

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

- 1.All the swimmers will have to produce a medical certificate that they are medically fit for Swimming (as per the form given below) .
2. Beginners will not be allowed to swim without **"RED CAP"**.
- 3.Any injury or loss of life during swimming period will be at risk and cost of swimmer.
- 4.No compensation or claim will be entertained for injury or loss of life during swimming.
5. Student must carry school RFID-Card.
6. No entry in the swimming pool without coach and lifeguard.

Amit Kaur Sachdeva  
HOD/ PE

Naveen Kumar  
Vice Principal

**UNDERTAKING**

I have read the rules and regulation. I shall abide by the same and have no objection to his/her joining swimming.

I shall not hold the school responsible in any way for any kind of mishap during swimming involving my ward.

Office Address :

Signature of Parent \_\_\_\_\_

Name \_\_\_\_\_

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

**MEDICAL CERTIFICATE**

This is to certify that I have examined \_\_\_\_\_ of class/sec \_\_\_\_\_

Admn No. No. \_\_\_\_\_ and found that is fit to take part in swimming activity.

Signature of Doctor

Regn. No.

Seal Of Doctor

Name \_\_\_\_\_