



Tezpur University
Presents
“Summer Swim Camp”
From 11 to 30 May 2019

- ♦ **Program designed by National level swimming Expert.**
- ♦ **National level well qualified trainers.**
- ♦ **Certified life guard round the clock.**
- ♦ **First International standard Pool in Tezpur.**

Time: 9 a.m. to 11:30 a.m.

Registration Fee: ₹ 1200/-

Eligibility for camp : School Children • Age group: 6 + for both Boys' and Girls'
Registration form & Pool rules are available at T.U Website.

Registration can be done at T.U Sports Office
during office hours (9:00 a.m. to 5:30 p.m.)

For registration and more details contact **R.R Singh**
E-mail : rrsingh@tezu.ernet.in (M) 7896315573/03712-273281/82



It's Summer time

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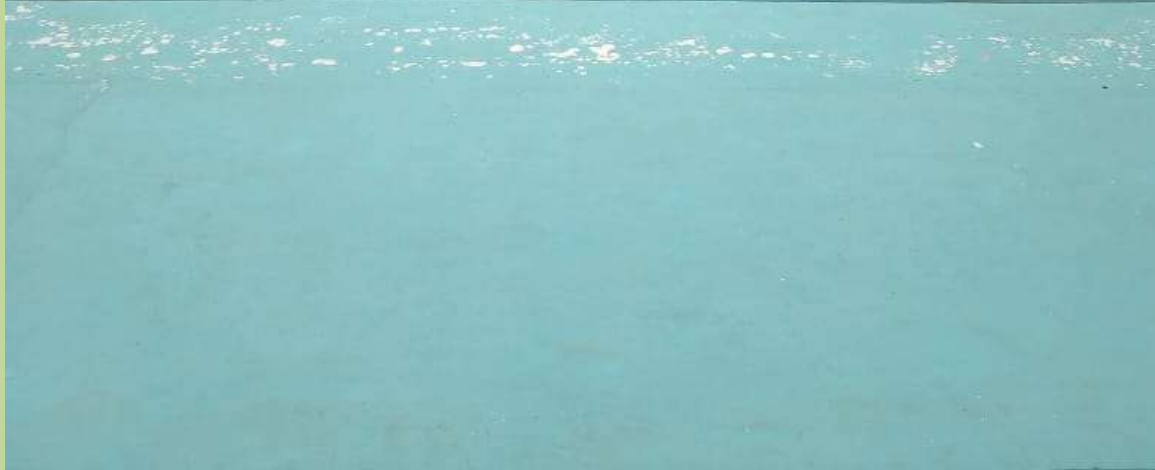
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SWIMMING POOL RULES

Pool Rules should strictly be followed by the users of the pool

Entry and Exit Rules

1. Only membership card holders of the swimming pool are allowed to enter the Pool complex and use the pool.
2. Pool users need to sign on entry and exit in the log book.
3. Entry will not be allowed after 15 minutes of the allotted starting time.
4. No mobile phone or any other electronic gadget is allowed within the pool area.
5. No Pet animal is allowed within the pool complex.
6. The Administration will not be responsible for any accident in and around the Pool due to the negligence of the Pool users.

POOL AREA RULES

1. Swimmers are allowed **only with proper swimsuit** (single-piece swimsuit jammer for females and proper swimming jammer for males).
2. All swimmers must take a cleaning shower before entering the pool. A bather leaving the pool to use the toilet shall take another cleaning shower before returning to the pool.
3. Any person with long hair needs to use swimming cap.
4. Swimming is prohibited during heavy rains or when thunder and lightning is heard or seen.
5. The allotted slot of swimming time should strictly be followed by the swimmer / user.
6. *The following are **NOT ALLOWED** in the Pool Complex*
 - a) Throwing of balls, frisbees, or other objects.
 - b) Floating device.
 - c) Photography.
 - d) Any kind of alcohol and tobacco based products.
 - e) Food item or drink (except drinking water).
 - f) Use of oil before entering the swimming pool.
 - g) Use of hairpin, jewelry, etc.
 - h) Persons having an obvious communicable disease, skin eruption, cut, sore or lesion, infection in the eye/ear/nose/throat, etc.
 - i) Children (below 12 years) without adult supervision.
 - j) Jumping and bombing.
 - k) Spitting or spouting of water, blowing nose or any other similar activity.
 - l) Running, boisterous or rough play.
 - m) Unattended solo swimming without prior permission.
 - n) Entering the Swimming Pool/Pool area in drunken/intoxicated state, consuming drugs, smoking, etc.

Swimming Pool will remain closed on MONDAY
Swimming is purely on users' own risk

Important Note

1. Children below 6 years of age are not allowed to use the Swimming Pool.
2. Swimming Pool remains closed from December to February.
3. Swimming Pool may be closed occasionally which will be notified.



**TEZPUR UNIVERSITY, TEZPUR
SWIMMING POOL
MEMBERSHIP APPLICATION FORM**

(1) Membership Category (put ✓ in appropriate box)

Regular ☐ **Summer Camp** ☐

Students' ☐/ (*requires reference and declaration by a Guardian of applicant for the purpose of using the Swimming Pool*)

Passport
Photograph

(2) Membership type: Camp ☐/ One month ☐ /Three months ☐ /Half season/Full season☐

(3) Name of applicant : _____
(In BLOCK LETTERS)

(4) Sex (put ✓) : Male ☐ / Female ☐

(5) Date of Birth _____Age Group (put ✓) :

6 to below 09 Years ☐ 10 to below 12 years ☐

13 to below 15years ☐ 16 + ☐

(6) Contact phone number : _____

(8) Address of applicant:

The above information is true to the best of my/our knowledge. I/ We have read and shall abide by the rules and regulations of TU Swimming Pool and follow all pool instructions.

Signature of applicant with date

Signature of Guardian with date

**Forwarding from School Principal.
(Signature with Office seal)**

(12) DECLARATIONS of Applicant:

(i) In case of an accident or any kind of health related problem in the pool I shall not hold the University Authority 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.

(ii) I declare that I am not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc. and don't have any other health condition which does not permit swimming.

(iii) I understand that if any one of the details given above is proved to be false, my membership shall be cancelled and suitable disciplinary action shall be taken against me.

Signature and Name of Applicant (in case of Child Name and Signature of parents) Date: _____	
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(13) DECLARATION by Guardian/Parents of the Students.

(i) In case of an accident or any kind of health related problem in the pool of my Child / Dependent/ Other relative/Guest, I will not hold the University authority 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 authority in maintaining the discipline in the Swimming Pool.

(ii) I declare that my Child/Dependent/ Other relative/ Guest is not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc. and does not have any other health condition which does not permit swimming.

(iii) I understand that if any one of the details given above is proved to be false, then both my membership and that of my Child/Dependent/ Other relative/Guest shall stand cancelled automatically.

(iv) Further, I declare that I shall accompany my child and keep vigil on him/her at all points of time during his/her stay at the Swimming Pool compound and that I shall never leave him/her alone and unattended. In case of my failure to do so, the membership of my child/ward shall be summarily cancelled for the whole season.

(Special note: Non swimmer / beginner child must be brought to the pool with proper swimming attire. Arm guard is must for him/her)

Name and Signature of Guardian/Parents of applicant Date : _____	
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MEDICAL FITNESS CERTIFICATE

(To be obtained by CMO, TU Health Centre/any Registered Medical Practitioner)

This is to certify that I have examined

Dr/Shri/Ms/_____

on following ground and found him/her to be medically fit / unfit for swimming.

- | | |
|-----------------------------|----------|
| 1. Skin Disease | Yes / No |
| 2. Heart Disease | Yes / No |
| 3. Epilepsy | Yes / No |
| 4. Psychiatric Disease | Yes / No |
| 5. Accident in past, if any | Yes / No |
| 6. Any contagious disease | Yes / No |

7. History of major illness/surgery, if any _____

8. General Examination _____

9. Any other Remarks _____

Note: Validity of Medical fitness Certificate is for One (01) year from the date of issue.

Date :

Signature with Seal & Reg. No.

Documents to be submitted along with the Registration Form:

1. Copy of the I D card of the KV employee/Students.
2. Latest Medical Certificate issued by CMO, TU or an MBBS doctor certifying that the applicant is medically fit for swimming and does not suffer from any contagious disease.
3. Two numbers photographs one passport size and one stamp size.
4. Proof of residence (only for the students/Staff outside T.U campus).

1. _____ For office use only

Permitted/ Not Permitted

2. Admitted with I-Card No..... dated

Signature
Registrar, TU