



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

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

TU Employee ☐

TU Employee's Child ☐/ **Dependent** ☐/ **Relative** ☐/ **Guest** ☐ (*requires reference and declaration by a TU Employee as Guardian / Local Guardian of applicant for the purpose of using the Swimming Pool*)

Passport
Photograph

(2) Membership type: 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 12 Years ☐ 12 to below 18 years ☐

18 to below 35years ☐ 35 to below 55 years ☐ 55 to below 65 years ☐

(6) Contact phone number : _____

If applicant is a TU Employee, please fill (7), (8) and (9)

(7) TU Employee code no : _____ **(7) Designation :** _____

(8) Department: _____

If applicant is TU Employee's Child / Dependent/ Relative/Guest fill (9), (10) and (11)

(9) Details of the guardian / local guardian (must be a TU Employee):

Name: _____, **Employee ID** _____

Department: _____, **Mobile No.** _____

(10) Relation with the TU employee: _____

(11) Address of applicant (TU campus resident should write Quarter no.):

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 TU Employee with date

(12) DECLARATIONS of Applicant :

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

(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 TU employee as Guardian / Local Guardian of Child / Dependent/ Relative/Guest Category applicant:

(i) In case of an accident or any kind of health related problems 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 authorities 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 TU Employee as Guardian/Local Guardian 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 employee / guest.
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 other relative/guest).

1. For office use only
Permitted/ Not Permitted

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

Signature

Registrar, TU