

MEMBERSHIP FORM
APPLICATION FOR MEMBERSHIP
SWIMMING POOL

1. Name & Designation: _____ 2. School/Dte/Company: _____
3. Mobile No: _____
4. Membership applied for: -

Ser	Name	Relationship	Age	Signature of Medical Authority
a.				
b.				
c.				

Note: -

5. 2 x photographs (1 x1) along with 1 x Copy of NUST Card of each member to be attached with application. Swimming is not allowed without Swimming Pool membership card.
6. Due to limited space rights of admission are reserved.
7. Time slot will be communicated by sports branch. However, change in timing can be adjusted as per the desire of member if possible.
8. Signature of medical authority (NMC) showing that member is not suffering from infectious disease.
9. Members may select their three preferable time slots for swimming (Annex -B).
10. Following members of my family are proficient swimmers and are allowed to swim independently: -
a. _____
b. _____
c. _____
11. **Undertaking:-** I take the responsibility of any accident/mishap occurring within/outside the pool with respect to me or my family members mentioned in para 4 above and the management will not be held responsible under any circumstances.

(Signature of the applicant)

Recommended / Not Recommended

(OIC Swimming Pool)

Approved / Not Approved

()

MEDICAL CERTIFICATE

It is certified that the individual _____ is cleared from all infectious diseases (incl skin, Hepatitis etc). He may be allowed to use swimming pool.

Dated: _____ 2021

(MO's Sign)