



Registration Form For Youth

- 1 Name _____
- 2 Father's Name Serving in NUST _____
- 3 Date of Birth _____
- 4 Form B to be attached _____
- 5 Parent's School/Dte _____
- 6 Parents/Guardian Mobile No _____
- 7 Address _____

(Signature of Parents/Guardian)

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: _____ 2024

(MO's Sign)

Recommended/ Not Recommended

DD/AD Sports _____