



## NAVI MUMBAI SPORTS ASSOCIATION ATHLETICS COACHING FORM

FROM : \_\_\_\_\_ TO \_\_\_\_\_ Member Rs.391/-  N.M. Rs. 478/-

DAYS : MONDAY TO SATURDAY

EVE : -5.00 TO 7.00 PM

1. Name : \_\_\_\_\_ Member No/N.M. \_\_\_\_\_

2. D.O.B. : \_\_\_\_\_ Age \_\_\_\_\_

3. Address : \_\_\_\_\_

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

4 Name of School/College: \_\_\_\_\_

6 Athletics Experience: \_\_\_\_\_

7 Medical History (if Any attach certificate) \_\_\_\_\_

8 Mode of Payment Cash Rs. \_\_\_\_\_ Cheque Rs. \_\_\_\_\_

All payment to be made out to the "Navi Mumbai Sports Association"

1. I hereby declare that I am joining / have permitted my son/ daughter to join the Athletics coaching at my own will and risk. I Indemnify the Association for any Minor/major / fatal accident during the period of training.
2. We undertake to abide by the Rules and Regulations of Navi Mumbai Sports Association.
3. I/We am/are aware that admission is restricted and subject to Managing Committee approval.

N.B.: PLAYERS SHOULD WEAR PROPER DRESS AND SHOES

\_\_\_\_\_  
Sign of Trainee

\_\_\_\_\_  
Sign of Parent

\_\_\_\_\_  
Sign of Coach

\_\_\_\_\_  
Sports Supervisor

FOR OFFICE USE RECEIPT NO : \_\_\_\_\_ Date: \_\_\_\_\_ Receivers Sign. \_\_\_\_\_

