

NAVI MUMBAI SPORTS ASSOCIATION
Sector 1 A, Vashi Navi Mumbai
Aerobic Coaching from
(Ms Shravani Ghosh)

FOR THE MONTH: _____

Schedule :- Tuesday to Saturday :- 11.30 am to 12.30 a.m.

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1. NAME : _____
2. MEMBERSHIP NO : _____ TEL.NO : _____
3. ADDRESS : _____

4. DATE OF BIRTH : _____
- 5 Do you have any health related issues: _____

I hereby declare that I am joining / have permitted my son / daughter to join the Aerobic Coaching Class at my own will and risk. I Indemnify the Association for any Minor / major / fatal accident during the period of training.

SIGN OF APPLICANT

SIGN OF PARENT

SIGN OF COACH

SIGN OF SPORT SUPERVISOR

FOR OFFICE USE ONLY.

AMOUNT: _____ FEES:

RECEIPT NO: _____ MEMBERS: RS. 1500/-

DATE: _____ NON.MEMBERS: RS. 2100/-