



NAVI MUMBAI SPORTS ASSOCIATION

Sector 1 A, Vashi Navi Mumbai, Tel.No.27824535/36/37/38

YOGA CLASSES FORM

FOR THE MONTH: _____

Schedule :- Tuesday / Saturday

Morning :- 6.30 a.m. to 7.30 a.m.

1. NAME : _____

2. MEMBERSHIP NO : _____ Mob.No : _____ E-mail ID _____

3. ADDRESS : _____

4. DATE OF BIRTH: _____

Weight :- _____ K.G. Height :- _____ C.M. Age:- _____

I hereby declare that I am joining / have permitted my son / daughter to join the YOGA 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 COACH.

SIGN OF SPORTS SUPERVISOR

SIGN OF EXEC.SECRETARY

FOR OFFICE USE ONLY.

FEEES

Member: Rs. 250/-

Non. Members: Rs. 300/-

RECEIPT NO: _____ DATE:- _____ RECEIVED BY: _____