



L.R. & S.M. VISSANJI ACADEMY

Dr. S. Radhakrishnan Marg, Off Old Nagardas Road, Andheri East, Mumbai

REGISTRATION FORM



Sr. No: _____

Name: _____ DOB: _____

School Name: _____

Address: _____

Res. Tel.: _____ Mobile No: _____ Email: _____

Past significant injury/illness: _____

Please submit Doctor's Certificate of Fitness for the selected activity

Activity: _____ Monthly Quarterly Half Yearly

Dates from _____ to _____ Days: _____ Timing: _____

Fees Rs. _____

Rules and Regulations:

- ❖ Minimum 10 students required to start the activity/batch.
- ❖ Cheque to be drawn in favour of L.R. & S.M. Vissanji Academy
- ❖ Fees once paid are not refundable or transferable to any other student. Fees will be valid only for the period paid.
- ❖ Students will have to carry their own sports kit.
- ❖ Parents will have to leave their child at the venue and will not be permitted to stay back during the session. For any queries parents can interact with the coach before or after the session.
- ❖ Absentees will not be given any assurance on compensatory sessions.
- ❖ Students found guilty of misconduct will be asked to leave the activity without any further explanation and the fee will not be refunded in such cases.
- ❖ Although required precautionary measures will be taken by the respective coaches, Vissanji Academy Sports staff will not be responsible for any injuries or untoward accidents that may take place during the training sessions.
- ❖ For enquiries: 9835083263/9930669948/28687620
- ❖ Visit our website : www.acuver.in

I have read and agreed to abide the rules and regulations mentioned above.

Sign of Parent _____

FOR OFFICE USE ONLY

Name: _____

Dates from _____ to _____ Days: _____ Timing: _____

Fees Rs. _____

Activity: _____ Monthly Quarterly Half Yearly