

- Two Photos
- Dr. Fitness Certi.
- Co-ordinator's Sign
- Birth Certificate



**Shreyas Foundation**

Bringing out the best in each child

Shreyas Tekra,  
Near Shreyas Railway Crossing,  
Ambawadi, Ahmedabad-380015.  
Ph. : 26601338 / 26634844 / 8866035228  
www.shreyasfoundation.in

**FOR OFFICE USE**

Rs. : .....

Receipt No. : .....

Date : .....



Affix photo here

**SHREYAS ACTIVITIES ADMISSION FORM**

Date : .....

Name : .....

Address : .....

Phone No. :

Mobile No. :

Date of Birth :

Age : Yrs.

Gender : M  F

School Name : ..... Std : .....

Parent's Occupation : .....

Phone No. :

Mobile No. :

E-mail : .....

**Please tick the applicable**

Swimming :  Skating :  Football :  Karate :  Yoga :  Horse Riding :  Walking :

Membership : ..... Batch : ..... Timing : .....

As per Co-ordinator's instructions : ..... is eligible / not eligible for ..... activity.

Date of Admission : .....

Co-ordinator's Sign : .....

I am enrolling my ward / myself for ..... at Shreyas Foundation at my own risk. Shreyas Foundation will not be liable for any injury or damage.

**Signature**

(Parent to sign for those below 18)

**Instructions :**

- Right to admission reserves with Shreyas Foundation
- Members are expected to be punctual, regular and well behaved
- No coaching on Sunday and Shreyas Foundation Holidays

- Please do not bring any valuables. Member are responsible for their personal belongings
- For any queries parents are requested to contact Co-ordinator and not the coaches
- Carry I-card all the time
- Helmets are compulsory for skating & Horse - Riding
- **Fees are not refundable**

**Medical Certificate for Swimming**

The applicant ..... is healthy and hygienically fit to join the Swimming Classes.

Heart ..... Lungs ..... Liver ..... Skin .....

Lymph Gland ..... Eyes ..... I have examined the applicant thoroughly.

Sign of registered Medical Officer with stamp .....

Date : .....