



# ALAGAPPA UNIVERSITY

(Reaccredited with 'A+' Grade by NACC)

KARAIKUDI

Directorate of Physical Education



## SUMMER SPORTS & GAME COACHING CAMP REGISTRATION FORM 2017-18

	<b>GAME</b>	:		Affix stamp size Recent Colour Photo
1.	Name of the (Participant) Student	:		
2.	Date of Birth :	Age:	Sex: Male / Female	
3.	Standard For Next School Year	:		
4.	Name of the School /College	:		
5.	Father / Guardian Name	:		
6.	Mother Name	:		
7.	Occupation of Parent	:		
8.	Residential Address	:		
9.	Email	:		
10.	Mobile Number (Parent / Guardian)	:		

11. Medical Consent

(i) Does your child have any medical condition or allergies that we should made aware of : Yes / No

(ii) Does he / she take any medication? Please specify

**I hereby declare that the particulars furnished here are true to the best of my knowledge and belief.**

Signature of the Student

Signature of the Parent/Guardian

### Parent / Guardian Declaration

I understood that Alagappa University will take sufficient care about the General Safety of the trainees during the Sports and Game Camp secession. I shall not hold the Alagappa University responsible for any accident / casualty for my child.

Date:

Signature of the Parent

**Office Use:**

Application received On:

Applicant Name:

Allotted Number :

Remark

Director-PE