



ALAGAPPA UNIVERSITY

(Reaccredited with 'A+' Grade by NACC CGPA 3.64 in the Third Cycle
& Graded as Category – I University by MHRD-UGC)



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KARAIKUDI

DIRECTORATE OF PHYSICAL EDUCATION

SUMMER SPORTS & GAME COACHING CAMP REGISTRATION FORM 2017-18

	GAME	:																					
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.	Uniform Measurement		<table border="1"> <tr> <td>"T" Shirt</td> <td>26</td> <td>28</td> <td>30</td> <td>32</td> <td>34</td> <td>36</td> <td>38</td> <td>40</td> <td>42</td> </tr> <tr> <td>Shorts</td> <td>12</td> <td>13</td> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>19</td> </tr> </table>	"T" Shirt	26	28	30	32	34	36	38	40	42	Shorts	12	13	14	15	16	17	18	19	19
"T" Shirt	26	28	30	32	34	36	38	40	42														
Shorts	12	13	14	15	16	17	18	19	19														

12. 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