



L.R. & S.M. VISSANJI ACADEMY

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



REGISTRATION FORM

Sr. No: _____

PHOTO

Name: _____ DOB: _____

School Name: _____

Address: _____

Aadhar Card No: _____

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

Past significant injury/illness: _____

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

Activity: _____	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>
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.
- ❖ **Attach Aadhaar card with Registration Form.**
- ❖ For enquiries: 022 28687620 / 9769608083
- ❖ Visit our website : www.acuver.in

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

Sign of Parent _____