

Previous Training Details (if any)

Have you previously attended any _____ coaching/training sessions? Yes No
If yes, please mention details (coach, academy, duration): _____

Medical Information

Do you have any existing medical conditions or injuries? Yes No
If yes, please specify and attach a medical certificate from a registered physician. _____

Emergency Contact Name & Number: _____

Name

Relation

Mobile No.

Instruction to Students

- One time Registration fee ₹ 2,000/-.
- Kindly complete the form with all required details.
- Venue** - Chhatrapati Shivaji Maharaj Sports Complex, Shanti Niketan Public School, Tehra, Agra - 283124
- Coaching fee will be as per **Shantiniketan Sports Academy**.
- Billing will be done Bi-monthly.
- Admission is on a first-come, first-served basis, with a maximum of 50 students.
- Parents/guardian/servants are strictly not allowed on the ground during coaching hours.
- Missed Session will NOT be compensated under any circumstances.
- No refund will be solicited under any circumstances.
- Student must wear appropriate sports attire and selected game shoes.
- All known illnesses and allergies of the student must be declared on the enrollment form.
- Jewellery and valuables should not be worn during training session.

Undertaking

I, _____, the (Parent / Guardian / Applicant if 18 or above) of _____ [Applicant's Name], hereby declare and undertake as follows:

- I represent and warrant that, to the best of my knowledge and belief, I / my child is physically and mentally fit to participate in the selected game coaching program. A licensed physician has reviewed the health information provided in this application and has confirmed that there is no medical condition that would preclude safe participation.
- I acknowledge that individuals with pre-existing heart conditions or other serious medical concerns that may be aggravated by physical activity must not participate in training involving hyper extension, radical flexion, or instability.
- In the event of a medical emergency occurring during training or related activities, at a time when I am not personally present to be consulted regarding the applicant's care, I authorize Shantiniketan Sports Academy's coaches and personnel to take all necessary actions to ensure that emergency medical treatment, including hospitalization, is provided. I understand that all associated medical expenses shall be borne solely by me.
- In the case of a non-emergency medical situation requiring minor medical attention, I authorize the coaching staff, within the scope of their training and certification, to administer basic first aid or provide non-prescription medication that I would reasonably provide if present.
- I grant permission to Shantiniketan Sports Academy to use my / my child's name, images, photographs, voice, and video recordings for promotional purposes in television, radio, film, newspapers, magazines, digital media, and other communication platforms, both during and after the tenure of participation.
- I fully understand that selected game training and physical activity involve inherent risks. I assume full responsibility for any injury, loss, or damage incurred during participation in the program. I waive any right to hold Shantiniketan Sports Academy, its management, officials, coaches, staff, directors, or agents liable for any personal injury, property loss, or damage occurring before, during, or after training sessions.
- I agree to indemnify and hold harmless Shantiniketan Sports Academy, its management, and personnel against any claims, damages, or liabilities arising due to my/my child's participation in training or related activities.
- I acknowledge that I / my child have / has been thoroughly examined by a medical professional and is physically and mentally fit to participate in selected game training. I understand that participation in this program is at my own cost and risk, and I assume full responsibility for any health-related issues that may arise. I further confirm that Shantiniketan Sports Academy, its management, and personnel shall not be held liable for any medical conditions, injuries, or complications occurring before, during, or after training.
- I take full responsibility for any damage, loss, or untoward incidents, whether physical, financial, or otherwise, and I absolve Shantiniketan Sports Academy of any liability in this regard. I understand that no claims shall be entertained for any injury, accident, or health-related issue arising from participation.
- I agree to comply with all rules and regulations of Shantiniketan Sports Academy, including but not limited to:
 - Wearing appropriate sports attire and selected game shoes at all times.
 - Maintaining proper decorum and following all coaching instructions.
 - Declaring any pre-existing medical conditions, illnesses, or allergies at the time of enrollment.
 - Not bringing jewelry, valuables, or any prohibited items to the training facility.
- I acknowledge that the registration fee is non-refundable and that no compensation will be provided for missed sessions or withdrawal under any circumstances.
- I understand that all decisions made by the management of Shantiniketan Sports Academy are final and binding, and I agree to abide by them without dispute.

Date

D	D	M	M	Y	Y	Y	Y
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Applicant's Signature

For applicants under 18 years, a parent/guardian signature is required.

Date

D	D	M	M	Y	Y	Y	Y
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Parent's Signature

Office Use Only

Application Received By: _____ Date

D	D	M	M	Y	Y	Y	Y
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T-Shirt Size:

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 Lower Waist Size:

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 Remark (if any): _____

Chief Coach Signature

Authorized Signatory

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