



TABLE TENNIS REGISTRATION FORM

STUDENT NAME:		Recent Passport size Photo
DOB & AGE:		
SIBLINGS NAME:		
FATHER'S NAME:	CONTACT No.:	EMAIL ID:
MOTHER'S NAME:	CONTACT No.:	EMAIL ID:
AREA:	TRANSPORT REQD.:	PREFERRED LOCATION:
FOR OFFICE USE:		
STUDENT No.:	RECEIPT No.:	ENROLLMENT DATE:
SQUAD / LEVEL:	REGISTRATION FEE:	FEES PER MONTH:
HEAD COACH ASSEMENT DETAILS:		
<p>This is to certify that as on date of enrollment _____ (name of the student) has been examined by a physician and has been found to be PHYSICALLY AND MENTALLY FIT to undergo the different activities of the Prime Star Sport Academy LLC. I have attached a Medical Fitness Performa (issued by Prime Star Sport Academy LLC) duly filled in by my doctor. Authenticity of the doctor and doctor's report are purely my responsibility.</p> <p>We are fully aware that the course fee we paid for is non-transferable and non-refundable for whatever reason, under any circumstances and the payment made by me is by calendar month (from first to last date of the month).</p> <p>We have read and fully understood the Terms and Conditions. The validity of the lessons, "as well as the <i>Badminton Program Guidelines</i>," hereto attached and made an integral part hereof, and we agree to the terms and conditions herein and undertake to comply with them, as evidenced by our signatures herein-below.</p>		
Signature of the Parent: _____		Date: _____

Note:

- 1. Attach two recent passport size photographs**
- 2. Student Passport copy with resident visa page**
- 3. Annual Registration Fee & Monthly fees**
- 4. Medical fitness certificate from Authorised Doctor**



TERMS & CONDITIONS OF ENROLMENT:

- Student should wear appropriate sports dress and shoes.
- All known illnesses and allergies of the student must be declared on the enrolment form.
- Jewellery and watches NOT to be worn while attending lessons.
- Parents are NOT allowed to communicate with the Coaches during the class hours.

Prime Star Sport Academy LLC is not responsible for any belongings missed by the student / parent in the play area.

Prime Star Sport Academy LLC reserves the right to exclude any person from lessons for a breach of these conditions or whom they consider unfit to play, a danger to themselves or others or who are displaying abusive or disruptive behavior.

Only students registered for the course will be permitted on the play area and no liability will attach to the Prime Star Sport Academy LLC for incidents, which occur as a result of breach of terms & conditions.

DECLARATION FROM PARENTS / GUARDIAN / STUDENT:

I further represent and warrant that to the best of my knowledge and belief the student is physically and mentally able to participate in such activities with my approval. A licensed physician has reviewed the health information set forth in the student's application, and information, or an independent medical examination, which would preclude the applicant from participation. I understand that if the applicant has Heart related problems, they cannot participate in activities that result in hyperextension, radical flexion or instability. I am aware that activities for which this cardiological examination is required.

In permitting the student to take part in lessons, I am specifically granting my permission to Prime Star Sport Academy LLC to use the Student's Name, Pictures, Photos, Voice and Words in television, radio, film, newspaper, magazine and other media and form for the purposes and communication of Prime Star Sport Academy LLC during the tenure of the student and thereafter.

In the case of any medical emergency arising during any such activity at a time when I am not personally present so as to be consulted regarding the students care. I hereby authorise the Prime Star Sport Academy LLC Coaches / Personnel on my behalf to take whatever measures are necessary to insure that the student is provided with any emergency medical treatment including hospitalisation, which they deem advisable in order to protect the student's health and wellbeing of the student.

If a non-emergency medical situation should arise during the students participation during such activities at a time when I am not personally present so as to be consulted regarding the students care. I hereby, authorise Prime Star Sport Academy LLC Coaches / Personnel to act on my behalf and within the limits of their training and certification to provide the same non- prescription medication that I could be expected to provide if I were present. This is limited to basic first aid treatment.

I being the parent/guardian/student of _____, hereby declare that I will not hold responsible the Prime Star Sport Academy LLC management, officials, directors, agents or employees for any loss/damages suffered on account of money/costs, action, person/personal belongings and any kind of medical injuries/disease or accident during the duration of the said sports activity. This release is binding upon my guardians, heirs, my successors, assignees or me. I am fully knowledgeable as to the proper use of the facilities as well as my own physical limitations and I agree to indemnify and keep indemnified the Management of Prime Star Sport Academy LLC against any and all claims whatsoever through loss or damage to property.

I am _____ the parent / guardian of the student _____ on whose behalf I have submitted the attached application form.

Signature: _____

Date: _____