

APPLICATION FORM
ARJUN FITNESS CLUB

E-5, Bittan Market, Arera colony, Bhopal-462016, Tel. 420513

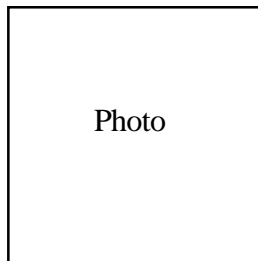
(Application form shall be submitted within 15 days from the date of issue)

Form No. _____

Receipt No. _____

Date

Form fee Rs. 100/



Sig. Account Clerk

Event

Preferred Time slot

* Gym * Fitness * Aerobic * Yoga

Name _____ Surname _____

Father / Husband / Guardian Name _____

Address _____

Date of Birth _____ Age _____ Sex : F M

Phone: Resi. _____ off. _____

Occupation _____

Activity- Individual, Family (Swimming / Squash / Fitness)

Signature of Applicant

MEDICAL CERTIFICATE

It is to certify that Mr. / Ms. _____

is medically examined by me. He/She is no suffering from any catagious decease or epilepsy. He/She is fit for above activity

Blood Group

Signature, Seal with Registration no. of
Authorised Medical Officer

GENERAL RULES & REGULATION

- * RIGHT OF ADMISSION RESERVED.
- * MEMBERSHIP FEES NON-REFUNDABLE / NON TRANSFERABLE.
- * MEMBERS ARE ADVISED NOT TO BRING ANY VALUABLES. THE MANAGING COMMITTEE SHALL NOT BE RESPONSIBLE FOR ANY THEFT / LOSS.
- * ENTRY INSIDE THE POOL IS PERMITTED ONLY WITH SWIMMING COSTUMES AND AFTER A SHOWER.
- * MANAGING COMMITTEE RESERVES THE RIGHT TO CANCEL ANY MEMBERSHIP IF SO WARRANTED.
- * VISITORS ARE NOT ALLOWED.
- * MEMBERS ARE REQUESTED TO CO-OPERATE WITH MANAGEMENT FOR BETTER SERVICES.
- * MANAGEMENT SHALL NOT BE RESPONSIBLE FOR ANY ACCIDENT INJURY, LOSS OF LIFE CAUSED IN THE PREMISES OF FITNESS CLUB.
- * THE FITNESS CENTRE SHALL BE FUNCTIONAL AS PER SPECIFIED SCHEDULE. CHILDREN BELOW 5 YEARS ARE STRICTLY PROHIBITED.

I hereby declare that I have read the rules & regulation of the Arjun fitness Club and do swear that I/ my family will abide by them.

Signature of applicant

FOR OFFICE USE ONLY

Recd. Rs. _____ (in words) _____

ON ACCOUNT OF MEMBERSHIP FEES+OTHER CHARGES.

Receipt No. _____ Date _____

Time slot allotted

Signature of Account clerk

APPLICATION FORM
ARJUN FITNESS CLUB

E-5, Bittan Market, Arera colony, Bhopal-462016, Tel. 420513

Name	Age	Relation	Photo
1) _____	<input type="text"/> <input type="text"/>	_____	<p style="text-align: center;">Photo</p>
		Blood Group	
		<input type="text"/>	
2) _____	<input type="text"/> <input type="text"/>	_____	<p style="text-align: center;">Photo</p>
		Blood Group	
		<input type="text"/>	
3) _____	<input type="text"/> <input type="text"/>	_____	<p style="text-align: center;">Photo</p>
		Blood Group	
		<input type="text"/>	

MEDICAL CERTIFICATE

It is to certify that Mr. / Ms. _____
Mr./Ms _____
Mr./Ms _____
are medically examined by me. They are not suffering from any catagious decease or epilepsy. They are fit for above activity

Signature, Seal with Registration No. of
Authorised Medical Officer