



ALAGAPPA UNIVERSITY

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

KARAIKUDI-630003



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DIRECTORATE OF PHYSICAL EDUCATION

SUMMER SPORTS & GAME COACHING CAMP REGISTRATION FORM 2018-19

	GAME	:																					
1.	Name of the (Participant) Student	:																					
2.	Date of Birth :	Age:	Sex: Male / Female																				
3.	Class in current Academic Year(2018-19)	:																					
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></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	"T" Shirt	26	28	30	32	34	36	38	40	42										
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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