

GYMNASIUM REGISTRATION FORM
(FAMILY MEMBERS)

Full Name	
Gender	
Relation to SPSU Employee	
Contact Number	
Alternate Contact Number	
Email Address	
Emergency Contact Number	
Flat No and Building	
Payment Status (Paid or Pending)	
Payment Receipt Number	
SPSU Employee Name	
Designation	
Department	
Self-Declaration: 1. I am in good health and physically fit to use the gymnasium facilities at SPSU. 2. I do not have any medical conditions, injuries, or illnesses that would prevent me from safely participating in gym activities. 3. I acknowledge and agree to abide the rules and regulation of the SPSU gymnasium. 4. I understand that failure to comply with the rules and regulations mentioned in the SOP if gym may result in suspension or revocation of my gym access privileges. 5. I also acknowledge that SPSU is not responsible for any injury or health issue that may arise from my use of the gym facilities.	
Date:	Signature

For Office Use:**Received By:****Date Received:****Verification of Fees:****Director Sports**
SPSU