

GYMNASIUM REGISTRATION FORM
(STUDENTS)

Full Name	
Student ID	
Date of Birth	
Gender	
Course/Program	
Year of Study	
Contact Number	
Alternate Contact Number	
Email Address	
Parents Contact Number	
Payment Status (Paid or Pending)	
Payment Receipt Number	
Self-Declaration: <ol style="list-style-type: none"> 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 of Student

For Office Use:

Received By:

Date Received:

Verification of Fees:

Director Sports

SPSU