

REGISTRATION FORM SWIMMING POOL / GY, Y BLOCK, PHASE-III (RESIDENTS)

Document Reference:
4488006

12. Timings & Subs:

Ladies							
Sr. No.	Shifts	Swimming Pool	Gym	Steam Bath	Facility	Residents	
						Regn	Monthly
1.	Shift – 1	1200 – 1300	1200 – 1300	1200 – 1300	Gym (Ladies , Gents)	5,000	5,000
2.	Shift – 2	1300 – 1400	1300 – 1400	1300 – 1400			
3.	Shift – 3	1400 – 1500	1400 – 1500	1400 – 1500			
4.	Shift – 4	1500 – 1600	1500 – 1600	1500 – 1600	Swimming	6,000	7,000
5.	Shift – 5	1600 – 1700	1600 – 1700	1600 – 1700			
Gents							
Sr. No.	Shifts	Swimming Pool	Gym	Steam Bath	Facility	Non-Residents	
						Regn	Monthly
1.	Shift – 6	0830 – 0930	0830 – 0930	0830 – 0930	Gym (Ladies , Gents)	6,300	6,300
2.	Shift – 7	0930 – 1030	0930 – 1030	0930 – 1030			
3.	Shift – 8	1030 – 1130	1030 – 1130	1030 – 1130			
4.	Shift – 9	1730 – 1830	1730 – 1830	1730 – 1830			
5.	Shift – 10	1830 – 1930	1830 – 1930	1830 – 1930	Swimming	7,500	8,750
6.	Shift – 11	1930 – 2030	1930 – 2030	1930 – 2030			
7.	Shift – 12	2030 – 2130	2030 – 2130	2030 – 2130			

Note: Please indicate the **Shift Timings** in which you are interested to do swimming. (Shifts will be assigned on available)

13. Maint Day: Saturday will be observed as maint day and S/Pool will remain closed, however quarterly maint /water changing days will be communicated on req basis.

14. Instructions:

- a. Membership is for the specific Sports Complex / Swimming pool, only.
- b. Details of registration fee and monthly subs can be obtained from the reception desk. Registration fee / Subs will be nonrefundable.
- c. DHA has the right to cancel the registration on violation of its sports standing operating procedures or byelaws, w/o assigning any reason.
- d. Rights to admission are reserved with DHA authority.
- e. Guests accompanied by the members will only be permitted with payment.
- f. The detailed instructions are displayed on the screen & the members are required to read them for observance.
- g. Dress code of DHA Sports is to be strictly followed.
- h. Parents / Adult guardians must accompany children between **05-10 years** of age. **U/05** not permitted.
- i. Duplicate card surcharge will be paid Rs.100/- and for 3rd time member will be pay Rs.500/-.
- j. Below mentioned certificates will be given by the parents / guardians and Medical officer DHA medical center respectively:-

CERTIFICATE BY PARENTS / GARDIANS

I Mr. / Mrs. / Miss _____ S/O, D/O, W/O _____ certify that Mr. / Miss is my Son / Daughter / Guest and he/she _____ is a good swimmer. In case of any injury or incident, the guardian shall be responsible w/o any liability on DHA.

Signature: _____
Name: _____
Date: _____

MEDICAL FITNESS CERTIFICATE

It is certified that Mr. / Mrs. / Miss. _____ S/O, W/O, D/O _____ does not suffer from any communicable disease, fungus & skin disease or handicapped.

Date: _____ Signature: _____

Validity Date: _____ (For One Year) Medical Officer: _____

(DHA Medical Centre)

Stamp with Name: _____

15. Freeze / Defreeze Cases Policy Sports Complexes / S – Pool Complex:

- a. A member opts to freeze his membership if he can't attend the facility for a month or more.
- b. The member will be charged 5% of the subs for the freeze pd.
- c. The member applies in writing at least ten days in advance for freezing of his membership indicating the duration of his absence.
- d. Member will not be permitted to enter the complex till defreezing of his membership.
- e. If a member joins back during the freeze pd, he will have to pay full subs for that month.
- f. Membership will stand temp blocked, if the member fails to pay monthly subs for one month without freezing of membership.
- g. Blocked membership will be restored on payment of the outstanding subs plus 15% of penalty on regn for non-payment.
- h. In the event of non-payment of subs for continuous six months by the member, the membership will stand cancelled. New registration will be req to restore the membership.
- i. If a member can't attend a facility for Six months or more, he may opt for suspension of membership and on return may resume utilizing same facility by paying 50% of the regn charges.

Note: I have read all the above instructions and freezing policy.

Signature of Applicant: _____

