

Affix scholar's
photo here

Name of the Scholar _____

Grade _____

Admission Number _____

Facility opted for

Day

Extended Day

5 Day Residential

7 Day Residential

I/We, Mr. / Mrs. _____ Parent/Parents' of _____
studying in Grade _____ of Genesis Global School, Noida, do hereby give my willing consent for my ward to use the
school's swimming pool. I will not hold the School responsible for any accident that may inadvertently occur during the
course of such use and swimming activity.

Date _____

Parents' Signature _____

Parents' Name _____

Note

You can rest assured that the school will take all safety precautions while conducting swimming classes, including the presence of a qualified swimming coach, lifeguard, security guard and inflated tubes. Swimming activity will be properly supervised. However, swimming can only be permitted on receipt of the signed Consent Form, with an attested Medical Certificate, enclosed herein.

Medical Certificate

This is to certify that I _____

have examined _____

of Grade _____ Age _____

and found that he/she is not suffering from any chronic/contagious disease or any disability which prevents him/her from attending the swimming classes.

Doctors' Signature

(Name & Stamp with Regn.No.) _____

Date _____

Note

This certificate has to be signed by Regd. MBBS Doctor.

For Office Use Only

Date of receiving the form _____

Received by _____