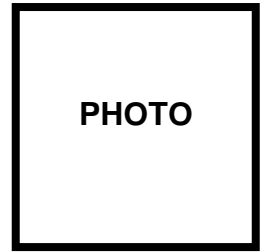




Membership No \_\_\_\_\_



**REGISTRATION FORM**  
**FOR SWIMMING POOL / GYM COMPLEX**  
**Y BLOCK PHASE III**

1. Name: \_\_\_\_\_
2. Father/Mother's/Husband's Name: \_\_\_\_\_
3. Profession/Company/Institution: \_\_\_\_\_
4. CNIC No / Form B / Photocopy of CNIC: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Telephone Res \_\_\_\_\_ Cell No \_\_\_\_\_
7. If living in own house: **Att Copy of Allotment Letter**
8. If living in rented house / with relative: **Att Copy of Rent Deed/Affidavit by the Relative**
9. In case of Defence Services Officers (Serving / Retd): -
  - a. Serving Officers attach Unit / Formation letter.
  - b. Retired officers attach copy of retired officers' identification card.
10. Facility Interested In \_\_\_\_\_  
Signatures of the individual: \_\_\_\_\_
11. **Registration / Facility Charges**. Details of registration fee and monthly subs can be obtained from the reception desk. Registration fee will be non refundable.
12. **Documents Required for Issue of Membership No**
  - a. 3 x Photograph (1" x 1").
  - b. 1 x Photocopy of CNIC / B Form in case of Under 18 Years
  - c. Copy of allotment letter or rent deed.
  - d. In case an individual is living with his / her blood relation then an affidavit of Rs. 20/- certifying the owner / tenant of the house that the said individual is my ..... and living with him / her in his / her house.
  - e. A medical certificate from D.H.A Medical Centre that the individual does not suffer from any communicable disease, fungus / skin disease or handicapped.
13. D.H.A reserves the right to cancel the registration on violation of its sports standing operating procedures or by laws, w/o assigning any reason.
14. Members are requested not to indulge in unnecessary discussions with sports staff at the complexes. However suggestion / complaints may be discussed with the Deputy Director Sports Complex.
15. Swimming exercises in gym and use of steam bath will be at member's own risk. D.H.A will not be responsible in case of any mishap.
16. **Maint Day** Friday will be observed as maint day.
17. Parents / Adults guardian must accompany children under 10 years of age.
18. DHA has the right to periodically change the rates & shift timing.
19. Membership cards will be mandatory to deposit daily by the members at reception before entering, failing to which entry will not be allowed.
20. **Freezing of account** If any member does not want to use the facility for a month or more, he will have to submit an application a week in advance to get the approval. However he will have to pay 15% of the monthly subs for the absence months

21. **Timings**

a **Gents**

		Swimming Pool	Gym	Steam Bath
(1)	<b>Morning</b>			
	(a) Shift – 1	0700 – 0800	0700 – 0800	0700 – 0800
	(b) Shift – 2	0800 – 0900	0800 – 0900	0800 – 0900
	(c) Shift – 3	0900 - 1000	0900 - 1000	0900 - 1000
(2)	<b>Evening</b>			
	(a) Shift – 4	1600 – 1700	1600 – 1700	1600 – 1700
	(b) Shift – 5	1700 – 1800	1700 – 1800	1700 – 1800
	(c) Shift – 6	1800 – 1900	1800 – 1900	1800 – 1900
	(d) Shift – 7	1900 – 2000	1900 – 2000	1900 – 2000
	(e) Shift – 8	2000 – 2100	2000 – 2100	2000 – 2100
	(f) Shift – 9	2100 – 2200	2100 – 2200	2100 – 2200

b **Ladies**

		Swimming Pool	Gym	Steam Bath
(1)	Shift – 1	1000 – 1100	1000 – 1100	1000 – 1100
(2)	Shift – 2	1100 – 1200	1100 – 1200	1100 – 1200
(3)	Shift – 3	1200 – 1300	1200 – 1300	1200 – 1300
(4)	Shift – 4	1300 – 1400	1300 – 1400	1300 – 1400
(5)	Shift – 5	1400 – 1500	1400 – 1500	1400 – 1500
(6)	Shift – 6	1500 – 1545	1500 – 1545	1500 – 1545

**Note:** Please indicate the shift timings in which you are interested to do swimming/ gym.

**CERTIFICATE BY PARENTS / GUARDIANS**

**DHA SWIMMING POOL**

I Mr/ Mrs/ Miss \_\_\_\_\_ S/O, D/O, W/O \_\_\_\_\_

Certify that Mr/ Miss is my son / Daughter / Guest and he/

she is allowed to prac in S/pool. In case of any injury or incident, the guardian/ undersigned

Shall be responsible.

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: \_\_\_\_\_

Medical Officer \_\_\_\_\_  
DHA Medical Centre

Stamp with Name \_\_\_\_\_

22. **FOR OFFICE USE ONLY**

a. Membership No: \_\_\_\_\_

b. Signature of DD Sports: \_\_\_\_\_ Signature of AD Sports \_\_\_\_\_