



P3 SPORTS TABLE TENNIS ACADEMY - MUMBAI

Chandrabhan Sharma College

Powai Vihar

email: info@p3-sports.com

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Phone: 8451822562



MEMBERS DETAILS :

Name & surname _____ Date of Birth _____

Address _____

School Attending _____

Company name _____

Telephone no _____

Email address _____

TT COACHING _____ ADULT MEMBERSHIP _____

Medical Data

Please provide details of any pre-existing medical conditions that may affect the student's participation in HiTT activities. Include details of any existing injuries, when the injury occurred and treatment received

Give details of any allergies, including allergies to medication:

Consent Form (to be filled in by parent / guardian of students Under-18 yrs of age)

I give permission for my child to be photographed as a winner or as part of a participating group of P3 SPORTS players. If you do **not** wish your child to be photographed please tick this box []

I here confirm that I consider my child to be capable of participating in P3 SPORTS events. I have provided medical details

and consent that, in the event of an accident, the necessary treatment can be administered, which may include the use of anaesthetics. I also understand that while P3 SPORTS personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any injury suffered. Furthermore, P3 SPORTS is not responsible for loss or damage to personal belongings.

Parent/Legal Guardian

I (Name) _____ ID: _____ consent to the above P3 SPORTS conditions and that

(name of child) _____ can receive medical treatment as required.

I undertake to inform P3 SPORTS should any of the information contained in this form change.

Signature of above named person Date

P3 SPORT will not disclose information about you to anyone outside the Academy unless the law permits us to.