

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

Document Reference: 4488006

Ser No Rs.20/-	Membership No.: (For Office Use Only)					
Applying For: Swimming Pool	Gym					
2. Father / Husband / Mother Nan	D.O.B/Age: me: ee:	Photo Size (1" x 1")				
4. a. CNIC No. / Passport No.:						
,						
	Cell No.: 0 3 -					
7. Students studying in educational institutions located within DHA (Certificate from the head of the institution to be attached).						
 8. Documents / Requirements: a. 1 x Photograph of CNIC / B Form in case of under 18 years. b. 3 x Photographs (Size: 1" x 1"). c. Copy of Allotment Letter of Plot or Rent Deed, if living on rent in DHA. d. In case an individual is living in DHA with his/her blood relation, attach copy of an affidavit of Rs.50/certified by the owner / tenant of the house that the said individual is myand living with him/her in his/her house. (Specimen of affidavit to be obtained from reception.) 						
FOR OFFICE USE ONLY						
9. Sports Complex Membership No	o.: Registration Date:					
10. Sign of Recep / Acct:	Regn Fee:					
11. Signature DD Sports :	Fee for the Month of Rs	5				
	Receipt No.: Dated:					

Note: For any further information please contact Phone No. 042-35692485





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12. Timings & Subs:

Ladies			_			Residents	
Sr. No.	Shifts	Swimming Pool	Gym	Steam Bath	Facility	Regn	Monthly
1.	Shift – 1	1200 – 1300	1200 – 1300	1200 – 1300	6	5,000 5,00	
2.	Shift – 2	1300 – 1400	1300 – 1400	1300 – 1400	Gym (Ladies , Gents)		5,000
3.	Shift – 3	1400 – 1500	1400 – 1500	1400 – 1500	(Ladies , Gents)		
4.	Shift – 4	1500 – 1600	1500 – 1600	1500 – 1600	Curimmina	6,000 7,00	7.000
5.	Shift – 5	1600 – 1700	1600 – 1700	1600 – 1700	Swimming		7,000
Gents						•	
Sr. No.	Sr. No. Shifts	Swimming Pool	Gum	Steam Bath	Eacility	Non-Residents	
31. NO.	Silits	Swillining Pool	Gym	Steam bath	Facility	Regn	Monthly
1.	Shift – 6	0830 - 0930	0830 - 0930	0830 - 0930		6 200 6 20	
2.	Shift – 7	0930 – 1030	0930 - 1030	0930 - 1030	Gym		6 200
3.	Shift – 8	1030 – 1130	1030 – 1130	1030 – 1130	(Ladies , Gents)	6,300	,300 6,300
4.	Shift – 9	1730 – 1830	1730 – 1830	1730 – 1830		•	
5.	Shift – 10	1830 – 1930	1830 – 1930	1830 – 1930			
6.	Shift – 11	1930 – 2030	1930 – 2030	1930 – 2030	Swimming	7,500 8	8,750
7.	Shift – 12	2030 – 2130	2030 – 2130	2030 - 2130			
Note: Please	e indicate the Shift T	<u>imings</u> in which you are in	terested to do swimming	g. (Shifts will be assigned	on available)		1

13. <u>Maint Day:</u> Saturday will be observed as maint day and S/Pool will remain closed, however quarterly maint /water changing days will be communicated on reg 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 a good swimmer. In case	
shall be responsible w/o any liability or	DHA.		
		Signature:	
		Name:	
	MEDICA	L 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 Cen	tre)
		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.
- ${\it d.} \qquad {\it Member will not be permitted to enter the complex till defreezing of his membership.}$
- 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: ______

	Defence Housing Author	ority _,	