



# KERALA AQUATIC ASSOCIATION

APPLICATION FORM FOR TRAINING COURSE

## LIFE SAVING COURSE 2024 THIRUVANANTHAPURAM from 10th to 16th March 2024

Affix Passport  
Size Photo

District : .....

Name of the Participant : .....  
(in Capital Letters)

Date of Birth : .....

Gender (Men / Women) : .....

Educational Qualification : .....

Occupation : .....

Height (in cm) : ..... Weight (in Kg).....

Swimming Experience : .....  
: .....

Permanent Address : .....  
: .....

Contact Number : .....

Email ID : .....

Date : ..... Signature : .....

**FOR OFFICE USE ONLY**

Secretary  
Kerala Aquatic Association



---

# KERALA AQUATIC ASSOCIATION

---

## APPLICATION FORM FOR TRAINING COURSE

To

The General Secretary  
Kerala Aquatic Association  
Thiruvananthapuram

Dear Sir,

### LETTER OF INDEMNITY

In consideration of you allowing me to participate in the Kerala Aquatic Association's Lifesaving training programme, I ..... consent to my participation in the Kerala Aquatic Association's Lifesaving training programme and hereby indemnify you, your members, officers, and appointed instructors against my claims, suits, proceedings, damages, liabilities, costs and expenses whatsoever which may be taken or made against or incurred by your, your members, officers and appointed instructors by any reason or any injury which may arise as a result of my participation in the course.

Name of Participant : .....

Address : .....

Mobile : .....

Date : .....

Signature of Participant

This is to certify that I am medically fit and able to swim a minimum of 400 metres or more, in either front - crawl (freestyle) and / or breast stroke and am not suffering from any Medical Problem of which the teachers should be aware. (If you have any medical problems, please attach a sheet with details).

I understand that the course involves swimming at the maximum depth of the pool and also involves assisted lifiting and the use of equipment such as ropes, poles & floating aids. I accept the risks involved in this activity. I also acknowledge that the nature of the activity may involve physical contact with other participants.

Date :

Signature of Participant



# KERALA AQUATIC ASSOCIATION

## APPLICATION FORM FOR LIFE SAVING TRAINING COURSE

### MEDICAL CERTIFICATE

(To be certified by a Registered Medical Practitioner)

Affix Passport  
Size Photo

Name of the Participant : .....

(in Capital Letters)

Sex..... Height (in cm) .....Weight (in Kg).....

Physical appearance and Musculature .....

Previous fracture, joint injuries (give details) .....

Previous Surgery (if any - give details) .....

BP : ..... Throat .....

Respiratory System : ..... Hernia sites .....

Ears perforation / discharge / any other (Mention) ..... Hearing.....

Eyes ..... Vision with glasses .....

(Colour Blind Partial / Complete)

Any abnormality, physical defect or disability (such as Kyphosis, Scoliosis, Knock Knees, Flat Feet, Obesity) .....

History of Heart, Epilepsy, Asthma, T.B., Allergy, etc. ....

Sensitivity to Drugs, if any .....

I Certify that I have this day carefully examined (Name ) .....

and have recorded my observations as given above.

I am satisfied that she / he is FIT / NOT FIT to undergo training in Life Saving which will involve strenuous Physical activities and competitive Games.

Seal & Signature of Medical Officer

Signature of the Candidate

Date : ...../...../.....

Name : .....

Registration No .....

Address : .....

.....

.....