



Registration/ Membership Form

Gym University of Sargodha

Membership Type

Picture

Teaching Faculty/ Staff Non-Teaching Faculty/ Staff Students Alumni

Personal Information (fill in block letters)

Full Name: _____ S/D/W/O _____

Gender: Male Female Other Date of Birth: _____ Marital Status: _____

i- (For Teaching Faculty/Staff)

Designation: _____ Department: _____ CNIC No: _____

Contact Number: _____ Email Address: _____ Blood Group: _____

Permanent Address: _____

ii (For Non-Teaching Faculty/Staff)

Designation: _____ Department: _____ CNIC No: _____

Contact Number: _____ Email Address: _____ Blood Group: _____

Permanent Address: _____

iii- (For Students)

Program: _____ Session: _____ University ID: _____

Department/College _____ Contact Number: _____

Permanent Address: _____

Email Address: _____ CNIC No: _____ Blood Group: _____

iv- (For Alumni)

Program/ Department: _____ Session: _____

Year of Study/ Position: _____ Contact Number: _____ Blood Group: _____

Permanent Address: _____

Email Address: _____

Emergency Contact Information

Name of Person: _____ Relationship: _____

Contact No. _____

Health & Fitness Information

➤ Do you have any pre-existing medical conditions? Yes No

If yes, please specify: _____

➤ Are you currently taking any medications? Yes No

If yes, please specify: _____

➤ Do you have any physical limitations or disabilities? Yes No

If yes, please specify: _____

Fitness Goals (check all that apply):

Weight Loss Muscle Gain General Fitness Cardio Improvement Flexibility

Other: _____

Preferred Time Slot (subject to availability):

Morning Afternoon Evening

Amount of Fee paid: _____ Vide Bank Challan No. _____

Habib Bank Ltd. Branch: _____ Dated: _____

Acknowledgment and Consent

I solemnly declare that all information provided above is correct. I, the undersigned, agree to abide by the gym rules and regulations set forth by the University of Sargodha. I understand that the use of gym facilities is at my own risk, and the university is not liable for any injuries or accidents.

Signature: _____ **Date:** _____

Recommended by HOD/Alumni Office: _____

For Office Use Only

Approved / Not approved

Registration Number: _____ Date: _____

Approved by: _____