Registration/ Membership Form

Gym University of Sargodha

Picture

Membership Type

☐ Teaching Faculty / Staff ☐ Non-Teaching Faculty / Staff ☐ Students ☐ Alumni
☐ Female Teachers / Doctors / Bankers ☐ University Security Guards

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: _____

Guardian Cell No.: _____ CNIC No: _____Blood Group: _____

iv- (For Alumni)

Program/ Department: _____Session: _____

Year of Study/ Position: _____Contact Number: _____Blood Group: _____

Permanent Address: _____

Alumni Registration Date: _____

v- (For Female Teachers / Doctors / Bankers)

Profession: ☐ Teacher ☐ Doctor ☐ Banker

Institution / Organization Name: _____

Designation / Position: _____ Blood Group: _____

CNIC No.: _____ Contact Number: _____

Permanent Address: _____

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EMERGENCY CONTACT & HEALTH INFORMATION

Continuation of the registration and membership form.

Emergency Contact Information

Father/Husband/Guardian Name: _____ Relationship: _____

Occupation: _____ 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 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: _____