LAHORE COLLEGE FOR WOMEN UNIVERSITY

Jail Road, Lahore – Pakistan. Tel: 042-9203801-9, 99201950, 99203072 Fax.:042-99203077 Ext. 287
Websise www.lcwu.edu.pk

Registration Form

Program: Aerobics Fitness Classes
Venue: Main Ground, LCWU
Timings: 12:00 p.m. – 2:00 p.m.
Eligibility: All Intermediate Students (All Disciplines)
Trainer: Certified Aerobics Instructor
Purpose: Promoting Fitness, Fun & Healthy Habits

Picture

Personal Information

Name of Player with CNIC No._____

					-								-	

Father Name with CNIC No._____

					-								-	

Department _____**Section** _____**Mobile No**_____

Permanent Address_____

Email Address_____

Date of Birth_____**Height (Ft, Inch)**_____**Weight**_____

Any Medical Condition (if applicable): _____

Do you have your own aerobic mat? ☐ Yes ☐ No

Student Pledge

I, _____, am excited to join the LCWU Aerobics Fitness Classes.

I promise to participate actively, maintain discipline, encourage my peers, and follow all safety and trainer guidelines to make this program a success!

Signature of Participant: _____ Date: _____

For Sports Department Use Only

Field Details

Registration No.:_____

Verified by (Sports Dept.)

Remarks:_____

Director Sports, LCWU