

BRCM EDUCATION SOCIETY, BAHAL

**Application Form for Membership of Horse Riding
(For Students only)**

I..... son / daughter of Shri.....
Roll No..... Student of residing in
Hostel in Room No..... am interesting in Horse Riding. I therefore request you kindly to give me permission for becoming a member of the Horse Riding School of the BRCM Education Society. I shall pay the fee as decided by the society.

I have read and understood the rules and regulations of the Horse Riding School. I shall abide by the said rules and regulations and in case of my failure to do so my membership is liable to be cancelled and the fee deposited by me shall be forfeited.

I have further expressly understood that I am solely responsible in case of any miss happening or accident during riding and that the Society has no responsibility in this regards whatsoever.

I am a Non-Rider / Beginner/ Horse-Rider.(Strike out whichever is not applicable)

Signature of the Applicant:.....

Name:.....

Home Address:.....

Phone No:

Doctor's Report

I have examined the above named applicant and found that he / she is fit / unfit/ for Horse Riding. He / She is suffering / not suffering from any contagious diseases like epilepsy, etc.

Signature of RMO

Approved / Not approved for registering as a Member of the Residing School.

Principal / Director

Riding School Membership Fee of Rs received vide receipt No., dated.....

Cashier

(FOR REGISTRAR OFFICE USE)

Horse Riding School Membership Card No..... for the session issued on.....

Registrar

Membership Card Received.

Signature of Applicant:.....

Mobile No: