

LAGOS STATE UNIVERSITY, OJO

ELIGIBILITY ENTRY FORM

OPERATION KEEP FIT EXERCISE

PF NO

SURNAME:

OTHER NAMES.....

GENDER: Male

Female

DEPT.....

Tel No.....

Email Address.....

CATEGORY (tick as appropriate)

(A) Corporate – Principal Officers, Deans, Directors, Professors, Heads of Departments
and Chairmen/Chairpersons

(B) Executive – 45 years old and above

(C) Young Adult (22 – 44 years old)

HAVE YOU WALKED OR JOGGED BEFORE? YES.....

NO.....

CONSENT

I have the full knowledge of my medical status and I wish to participate in the Operation Keep Fit Exercise.

Name & Signature.....

Date.....

UNIVERSITY MANAGEMENT

