



REGISTRATION FORM – Sports Fun AT CHS/SMC

Student's Name and Surname: _____

Age: _____ D.O.B: _____

Parent's/Legal Guardians' Name: _____

Parents'/Legal Guardians' Mob. No.: _____ / _____

E-Mail: _____

Does your child currently suffer from any conditions we should be aware of? Yes No

If yes kindly specify below

I hereby declare that my son/daughter is medically fit to take part in this activity. I understand that Chiswick House School and or St. Martin's College will not be responsible in any way for any injury or illness incurred during or as a result of the session.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

I consent to data being given to both entities and any queries related to the intent of this data collection have been addressed and clarified to my satisfaction.

Name in Block Letters Signature Date

Kindly make a cheques payable to Bela Grundmann

OFFICE USE _____

Cash/Cheque No.	Amount	Receipt No.	Signature	Date

Data collected from this document shall be processed in accordance with Maltese Legislation Chapter 587 entitled the Data Protection Act 2018 that came into effect in May 2018. Chiswick House School and St Martin's College will process the consented personal information herein contained solely for accounting purposes. For more information kindly contact Chiswick House School's and St Martin College's GDPR coordinator via email on hr@smc.edu.mt