

REGISTRATION FORM – Sports Fun AT CHS/SMC
3rd term
20th April - 25th June (10 sessions)



Student's Name and Surname: _____

Age: _____ D.O.B: _____

Parent's/Legal Guardians' Name: _____

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

E-Mail: _____

Selected day(s): **Monday:** Yes No **Tuesday:** Yes No **Thursday:** Yes No

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 Bela Grundmann 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

email to belagrundmann@gmail.com