



2015 Autumn Term - Registration form

To be filled by Parents/Guardians

Name:	Surname:
Address:	
DOB:	Email:
Male or Female:	Mobile:
Group:	Days:

Medical Information

Child suffers from any medical condition. Yes No

If yes, please describe briefly:

Declaration

As a parent/guardian of the above participating child, I certify that he/she is in good physical health, has no special needs, undertake to abide by the rules governing the club and may participate in all of the activities of Sirens Swimpolo Nursery. I also give my permission for the child to receive first aid in case of emergency, even if I cannot be contacted immediately by phone.

Permission to publish photos and indicate names of my child in Sirens ASC publications:

Parents / Guardian Signature:	ID No:
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For office use only:

Deposit Payment of € _____ effected in cash or by cheque bank no: _____

Date: _____ Receipt no: _____ Balance : _____

