

Grant Kritzinger Swim Camp

2016 Training Camp - Registration form (child's details):

To be filled by Parents/Guardians

Name:	Surname:
Address:	
DOB:	Email:
ID No:	Passport No:
Mobile:	Polo Shirt Size:

Medical Information

Child suffers from any medical condition. Yes No

If yes, please describe briefly:

Declaration

I/we, as parent/guardian of the above participant, agree and accept that Sirens ASC, the swimming school organizers as well as its coaches and officials and other volunteers assisting, are not liable for any loss, damage, injury, death, claim or expenses which might arise during or as a consequence of his/her participation in the swimming school and/or any other event organised by the swimming school and club, for which all necessary precautions, diligence and attention were taken to avoid the occurrence. I also declare that participant is in a good health and understand that he/she will be participating at our own risk. I also give my permission for the child to receive first aid in case of emergency, even if I/we cannot be contacted immediately by phone. Permission is also being granted by me/us to publish photos and indicate names of my/our child in Sirens ASC publications:

I/we agree that this is being freely accepted by me/us and that such conditions apply to all activities and events organised in relation to the above activity.

Parents / Guardian Signature:	Parents ID No:
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Deposit Payment of € _____ effected in cash or by cheque bank no: _____

Date: _____ Receipt no: _____ Balance : _____

