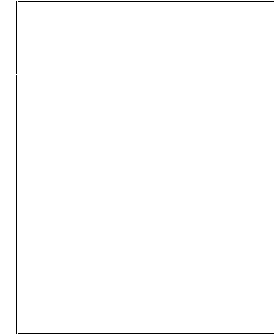


MLZS SPORTS ACADEMY

REGISTRATION FORM

STUDENTS DETAILS

NAME _____
DATE OF BIRTH _____
ADDRESS _____
TIMING _____
CONTACT NO _____
EMAIL ID _____



INTERESTED FOR (Tick any one): -

CRICKET	<input type="checkbox"/>
BASKETBALL	<input type="checkbox"/>
SKATING	<input type="checkbox"/>
TAEKWANDO	<input type="checkbox"/>
KARATE	<input type="checkbox"/>
KABADDI	<input type="checkbox"/>

MEDICAL INFORMATION: -

Please provide details of any Pre-existing medical conditions that may affect the candidate participation in any activity. Include details of any attested or past injuries, when the injuries occurred and treatment received.

Give details of any allergies to medication

Parents Signature

Consent Form

(To be filled in by parent/guardian of students Under-18 yrs of age)

I here confirm that I consider my child to be capable of participating in MLZS SPORTS ACADEMY events. I have provided medical details and consent that, in the event of an accident the school is authorized to provide medical aid. I also understand that while MLZS SPORTS ACADEMY personnel will take every precaution to ensure that accidents do not happen, they cannot be held responsible for any injury suffered. Furthermore, MLZS SPORTS ACADEMY is not responsible for loss or damage to personal belongings.

Parent/Legal Guardian

I (Name) _____, ID: _____ consent to the above MLZS SPORTS ACADEMY conditions and that (name of child) _____ can receive medical treatment as required. I undertake to inform MLZS SPORTS ACADEMY should any of the information contained in this form change.

Signature of Parent/ Legal Guardian _____ Date _____