



## REGISTRATION FORM

### 1. Personal Information

- a. Surname: \_\_\_\_\_
- b. Other Names: \_\_\_\_\_
- c. Age: \_\_\_\_\_
- d. Gender: \_\_\_\_\_
- e. Residential address: \_\_\_\_\_  
\_\_\_\_\_
- f. Phone Number (if available): \_\_\_\_\_
- g. Email address (if available): \_\_\_\_\_
- h. Course interested in: ☐ **WRITING** ☐ **ANIMATION DESIGN**

### 2. Parental/Guardian Consent

I, Prof./Dr./Mr./Mrs. .... hereby agree and approve that the above named participant attend the Young Innovators Boot Camp. I also attest that I am responsible for the payment of the requisite fee for attending the programme.  
I hereby confirm that all information supplied above are true.

**Name:** \_\_\_\_\_

**Relationship with Participant:** \_\_\_\_\_

**Phone Number (s):** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_