**Physical Activity and Sports Academy**

**Sri Lanka**

Name of the activity group

1. Baby with the parent activity group
2. Nursery kids’ activity group
3. Primary kids’ activity group
4. Secondary child activity group
5. Teenagers activity group
6. Adolescence activity group
7. Adults activity group

Full name:

……………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………….

Date of Birth: ………………………………………………………………….

Address (office/school):

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………….

Address (Res.):

……………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………….

Telephone (office): …………………………………………………………………………………………………………………….

Telephone (Res.): ……………………………………………………………………………………………………………………….

Email address: ……………………………………………………………………………………………………………………………

Date ………………………………………

………………………………………………

Signature of the applicant or the parent or the guardian.