



UNITY TOUCH ACADEMY

REGISTRATION FORM

A. STUDENT INFORMATION

SURNAME:

Passport
Picture

OTHER NAME:

DATE OF BIRTH:

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 GENDER:

M F

HOME ADDRESS:

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P. O. BOX: WEIGHT:

TELEPHONE: HEIGHT:

EMAIL ADDRESS:

NATIONALITY:

SCHOOL ATTEND:

PASSPORT NO.: EXP.:

FOR OFFICE USE						
<u>Application</u>						
Received by:						
Name:						
Date:						
Reg. No.:						
Squad:						
Centre:						
Session:						
	S	M	T	W	T	F
M						
T						
Remarks (if any)						
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.....						

B. PARENT INFORMATION

NAME:

TELEPHONE NUMBER:

EMAIL ADDRESS:

EXPECTATION:

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C. MEDICAL INFORMATION

ANY ALLERGIES, YES / NO, IF YES STATE:

ANY ILLNESS, YES / NO, IF YES STATE:

PREVIOUS INJURIES, YES / NO, IF YES STATE:

BLOOD GROUP:

ANY SPECIAL INSTRUCTION HERE:

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D. TERMS AND CONDITION.

- ATTACH ONE RECENT PASSPORT PICTURE
- 30% DISCOUNT APPLIES TO THE SECOND CHILD.
- PARTICIPANT SHOULD BE PHYSICALLY FIT AND ABLE TO PARTICIPATE IN ANY SPORTING ACTIVITIES.

WHERE DID YOU HEAR ABOUT US?

- NEWSPAPER
 TELEVISION / RADIO
 INTER-SCHOOL COMPET.
 SOCIAL MEDIA

I HAVE FULLY UNDERSTOOD AND
AGREE TO THE TERMS AND
CONDITIONS

SIGN.
(PARENT / GUARDIAN)

DATE

OTHER (PLEASE SPECIFY _____)