



# UNITY TOUCH ACADEMY



## REGISTRATION FORM

### A. STUDENT INFORMATION

SURNAME: .....

OTHER NAME: .....

DATE OF BIRTH: 

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 GENDER: 

M	F
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HOME ADDRESS: .....

.....

P. O. BOX: ..... WEIGHT: .....

TELEPHONE: ..... HEIGHT: .....

EMAIL ADDRESS: .....

NATIONALITY: .....

SCHOOL ATTEND: .....

PASSPORT NO.: ..... EXP.: .....

### B. PARENT INFORMATION

NAME: .....

TELEPHONE NUMBER: .....

EMAIL ADDRESS: .....

EXPECTATION: .....

.....

Passport  
Picture

#### FOR OFFICE USE

##### Application

Received by:

Name: .....

Date: .....

Reg. No.: .....

Squad: .....

Centre: .....

Session:

	S	M	T	W	T	F	S
M							
T							

Remarks (if any)

.....

.....

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

☐ OTHER (PLEASE SPECIFY \_\_\_\_\_)

I HAVE FULLY UNDERSTAND AND  
AGREE TO THE TERMS AND  
CONDITIONS

\_\_\_\_\_  
SIGN.  
(PARENT / GUARDIAN)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE