



Winter - Registration form (child's details):

To be filled by Parents/Guardians

Name:

Surname:

Address:

DOB:

Email:

Mobile:

Male or Female:

(Days preferences)

Medical Information

Child suffers from any medical condition. Yes No

If yes, please describe briefly: _____

Declaration

I, as parent/guardian of the above participant, accept that Sirens ASC, swimming school organisers, coaches and officials, sponsors, other competitors and associates, are not liable for any loss, damage, injury, death, claim or expenses which might arise during or as a consequence of his/her participation in the swimming school or any other event organised by the swimming school and club. The participant is in good health and will be participating at his own risk. I also give my permission for the child to receive first aid in case of emergency, even if I cannot be contacted immediately by phone.

I agree to the declaration being accepted for all activities and events organised by Sirens ASC that I may enter at a later date.

Permission to publish photos and indicate names of my child in Sirens ASC publications:

Parents / Guardian Signature:

ID No:

For office use only:

Payment of € _____ effected in cash or by cheque bank no: _____ Receipt no: _____

Date: _____