REGISTRATION FORM

Names of Participants	Age	Allergies	Date of Birth	IC NO.	
	Parent/	Guardian/Emer	gency Contact Details:		
Name:					
Email :		Address :			
PROGRAM/EVENT/TRIP NAME:					
*Preliminary registration is subject changes to the programme schedul damages arising from any personal	to receipt of payme le or venue if warrar property loss or any nereby declare the a	nt in full before nted by circumst y injury sustaine abovementioned	date of event, for full con cances. I agree to hereby r d while participating in an	firmation. Lara's Place reserves the ri elease all its staff and employees of a y program activities/events/trips at/b y me as true and correct in all respec	any liability for by Lara's Place (I
(Name)			_	(Phone Number)	
(Parent/Guardian Signature)			<u>_</u>	(Date)	

Atm debit or Credit card accepted at Lara's Place. Cheque Payment should be made payable to Rix Management Services Sdn Bhd. (For bank in or transfer: Alliance bank a/c 140370010057384)