

HOLIDAY PROGRAM REGISTRATION FORM

PARTICIPANT'S DETAILS

Participant Name: _____

Age: _____ Date of birth (dd/mm/yyyy) : _____ Male Female

I would like to participate in the following program(s) (please specify full/half day):

- _____ Date: _____ Total Fee: _____
- _____ Date: _____ Total Fee: _____
- _____ Date: _____ Total Fee: _____
- _____ Date: _____ Total Fee: _____
- _____ Date: _____ Total Fee: _____
- _____ Date: _____ Total Fee: _____
- _____ Date: _____ Total Fee: _____

TRANSPORT yes Date(s) _____ **LUNCH** yes Date(s) _____

REMARKS: _____

TOTAL AMOUNT: _____

ADDITIONAL INFORMATION

Father's Name: _____ HP: _____ OFF: _____

Mother's Name: _____ HP: _____ OFF: _____

Home Tel: _____ Fax: _____ Email: _____

Address: _____

Food Allergies: _____

Others: Allergies: _____

I agree to hereby release all staff and employees of the holiday program of any liability for damages arising from any personal property loss or any injury sustained by myself and/or my child/children, whether it is the result of ordinary negligence or otherwise, while participating in the holiday program or during transportation to and from the holiday program venue. Parent's / Guardian's Consent: (for all students under 18 years)

I hereby declare that the abovementioned information completed by me are true and correct in all respects.

(Signature)

Name:

Date:

Official Use

Total Payment : _____

Payment type : _____

REMARKS : _____
