



REGISTRATION FORM SPORTS EVENINGS AND WEEK-END

INFORMATION

Last name
Zip code

Home address
City

First names of the participants	Age of the participants	Sweatshirt sizes	Selected sports activities		

EMERGENCY CONTACTS

Father

Telephone father

Email father

Mother

Telephone mother

Email mother

Medical information (treatment, diet, etc.)

PUBLIC LIABILITY INSURANCE

Name of the company

Insurance number

AUTHORIZATIONS AND CERTIFICATIONS

- ☐ I certify that there are no contraindications (for my child) to partake in sport activities and that my child is covered by medical insurance in case of injury.
- ☐ I certify that I will pay the registration fees to: **Rabobank NL09 RABO 0115654739, SAMEDIS MALINS**
- ☐ I authorize the Club Samedis Malins to take photos/videos (in which our children may appear) and to publish them on the website, newsletter, Facebook, and Instagram.

PRICES OF SELECTED SPORTS ACTIVITIES

	Activity 1	Activity 2	Activity 3
Participant 1	☐ €375	☐ €275	☐ €275
Participant 2	☐ €375	☐ €275	☐ €275
Participant 3	☐ €275	☐ €275	☐ €275
Participant 4	☐ €275	☐ €275	☐ €275

Note: €275 per additional sport activity for the same

person. TOTAL AMOUNT DUE €

SIGNATURE

☐ I, the undersigned, father, mother, certify that I have read and agreed to the above terms.

The Hague, on