



REGISTRATION FORM SPORTS EVENINGS AND WEEK-END

INFORMATION

Last name	<input type="text"/>	Home address	<input type="text"/>
Zip Code	<input type="text"/>	City	<input type="text"/>

PARTICIPANTS

	First name	Class	Clothing size	Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SELECTED ACTIVITIES

(Example: Saturday Multisports 09h30 - 11h30 --> SAT-MS-09h30)

1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACTS

	First name	Last name	Telephone	Email
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PUBLIC LIABILITY INSURANCE

Name of the company	<input type="text"/>	Insurance number	<input type="text"/>
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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 ACTIVITIES

Activities	1	2	3	4	Select total price per participant
Participant 1					<input type="text"/>
Participant 2					<input type="text"/>
Participant 3					<input type="text"/>
Participant 4					<input type="text"/>

Price scheme accumulated per participant

Activities	1	2	3	4
Participant 1	€ 385,00	€ 670,00	€ 820,00	€ 820,00
Participant 2	€ 385,00	€ 670,00	€ 820,00	€ 820,00
Participant 3	€ 285,00	€ 570,00	€ 720,00	€ 720,00
Participant 4	€ 285,00	€ 570,00	€ 720,00	€ 720,00

TOTAL AMOUNT DUE

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

Name:	Place:	Date:	Signature:
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