



Registration form for Khoei Foundation youths class

Name:

Surname:

Sex: Male Female

Date of birth:

Last finished grade:

Phone:

Email:

Address:

Parent`s name:

Phone (Home):

Phone (Cell):

Questions must be completed by parents.

Any medical allergies:

Food allergies:

Emergency phone number:

In case of accident or other emergency, I hereby grant my permission to have the khoei foundation youth class staff authorize medical attention by physician or hospitalization as necessary. I do not hold Khoei Foundation or any of Khoei foundation Youth staff responsible for any accident or injury that should occur.

Parent signature:

Date: