



CHILDREN-YOUTH
SUMMER SPORTS ACTIVITIES 2018
REGISTRATION FORM

Photo

Child Information:

Name :

Surname:

Passport no / ID No:

Date of Birth:/...../..... Blood Group:.....Rh(...) School:

Father Name :..... E-mail :.....

Office Tel :..... Mobile Tel :.....

Bilkent University: Academic () Administrative () Alumni () Other () :.....

Mother Name :..... E-mail :.....

Office Tel :..... Mobile Tel:.....

Bilkent University: Academic () Administrative () Alumni () Other () :.....

Home Address :.....

Home Tel :.....

Contact person when we are unable to reach the names above:

Name-Surname:..... Degree of affinity:Office Tel: Mobile Tel:

Swimming Able () Disable () **Please Fill.**

Please Fill (X)

Week 1 June 18-22	Week 2 June 25-29	Week 3 July 02-06	Week 4 July 09-13	Week 5 July 16-20

General Information

Any prescribed medicine used on a regular base?

E H
() () If yes print:

Any known allergies?

() () If yes print:

Any special needs that we need to know?

Dear Parents,

Please fill out the form below for registration.

My daughter / son do not have any health concerns to participate sportive activities. I do give permission to participate sportive activities of this camp. Sports Center may use social media, print out and publish your child's photos and video clips which were taken during those activities. I hereby, declare that my son / daughter will follow all instructions which were given by staff and administrators have positive social interactions with other participants and will not abuse other participants physically and verbally.

Name- Surname :

Signature:

Date:

Sports Center is keeping the rights to expel participants who are not able to follow instructions, break camp rules and demonstrate negative behavior during the activities. Camp fee is nonrefundable for those participants.



BEDEN EĞİTİMİ VE SPOR MERKEZİ

290 1993 / 1325
spor@bilkent.edu.tr

