

SPORTS, ACTIVITIES, RECREATION AND CLUBS

Early Learning Center (Grades 1 and 2) ENROLLMENT FORM

1. Students are encouraged to have at least one (1) club per semester. Parents should help their child select a suitable club.
2. Write down the club(s) at the appropriate box at the bottom of this form according to priority.
3. In cases of a schedule conflict or the unavailability of club due to over subscription, the higher priority will be selected where possible.
4. Complete the form thoroughly. It is important for us to have your contact details so you can be called regarding your child's club.

I permit my child _____
Surname
First Name
Grade/Section

To join the following Clubs/Activities (Please write Club Name and indicate your child's club priority).

PRIORITY	CLUB NAME	PRIORITY	CLUB NAME
1 ST		5 TH	
2 ND		6 TH	
3 RD		7 TH	
4 TH		8 TH	

A parent needs to sign confirmation at the back of this form.

MEDICAL INFORMATION: Is the student:

A. Allergic to medicine? Yes _____ No _____

B. If so, what kind? _____

C. Other allergies: _____

D. Currently or regularly taking medication? If so, what kind: _____

E. Other important medical information / illnesses: _____

PARENT PERMISSION

My child is allowed to participate in all approved SPARC activities.

I understand that that there is always potential risk of injury to my child while participating in activities.

In the event of an injury or accident involving my child, I understand that I will be informed as soon as possible. If I cannot be contacted, I authorize the coach / sponsor or other authorized representative of Brent International School Manila to act on my behalf in a medical emergency involving my child or ward. Should treatment be necessary, I authorize the School Representative to arrange for this treatment, and I agree to pay in full all expenses relating to this treatment.

I further declare that to the best of my knowledge, my child or ward is physically fit to participate fully in the activity or sport listed in front of this form.

My signature verifies that I, as a parent, am aware that various injuries can occur while participating in activities.

PARENT SIGNATURE OVER NAME

DATE

PARENT INFO

Home Phone: _____

Cellphone: _____

Email: _____