



FOBISIA Games

Student Registration Form 2014 - 2015

<input type="checkbox"/>	U15 FOBISIA Games	<u>13th – 16th November 2014</u>	St Andrews International School Green Valley, Thailand
<input type="checkbox"/>	U13 FOBISIA Games	<u>11th – 15th March 2015</u>	Bangkok International Prep and Sec School, Thailand
<input type="checkbox"/>	Primary FOBISIA Games	<u>2nd – 6th June 2015</u>	International School of Penang, Malaysia

Student Name: _____ **Class:** _____

Date of Birth: _____

Home Address: _____ **Home Phone:** _____

Student Email: _____ **Student Mobile:** _____

Passport No: _____

Nationality: _____

Parent's Name: _____

Parent's Email: _____ **Parent's Mobile:** _____

Medical Information Is the student

A. Allergic to medication? Yes / No

B. If yes, what kind?

C. Other allergies:

D. Currently or regularly taking medication?

E. Medical Insurance Provider

F. Policy Number

Parental / Guardian Permission

The above named student has my permission to try-out for the FOBISIA Games squad

I declare that my child is physically fit and able to participate fully in the sport(s). 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 or other BSB representative to act on my behalf.

I understand that my child will punctually attend all scheduled practices. If my child cannot attend I, or my child, is responsible to inform the coach before the absence.

Parent Signature _____ **Date** _____

Student Signature _____ **Date** _____

**If required, it is the responsibility of the parents/student to organize all travel documents (Visa).
The school assumes no liability and no refunds will be issued. If your child requires a visa to travel, it is your responsibility to organize, no exceptions.**