

SibtSport 2017 – 2018 Application Form

Saturday Mornings – 08:30am till 11:30am starting 7th October 2017.

Option 1 - Full Term (3 terms)

Name and Surname of Child/Children	Date of Birth	Early Years (3 & 4 yrs)	Juniors (5 to 14 yrs)	Amount	Sub Total
1		<input type="checkbox"/>	<input type="checkbox"/>	€ 150.00	
2		<input type="checkbox"/>	<input type="checkbox"/>	€ 135.00*	
3		<input type="checkbox"/>	<input type="checkbox"/>	€ 135.00*	
* 10% Discount				TOTAL	

Option 2 - Per Term (1st Term)

Name and Surname of Child/Children	Date of Birth	Early Years (3 & 4 yrs)	Juniors (5 to 14 yrs)	Amount	Sub Total
1		<input type="checkbox"/>	<input type="checkbox"/>	€ 60.00	
2		<input type="checkbox"/>	<input type="checkbox"/>	€ 60.00	
3		<input type="checkbox"/>	<input type="checkbox"/>	€ 60.00	
				TOTAL	

Indicate any Learning Needs/Difficulties/Medical requirements (if any)

Name of Child: _____

Parent / Guardian Details

Surname:	Name:
Address:	
Mobile:	Tel No:
email:	

Parental / Guardian Consent and other information:

- Depiro Basketball Club may from time to time take photos of the child / children for record keeping purposes; to use as souvenirs and / or promotional purposes. Should you wish not to have your child / children appearing in such photos, please tick the box

- In case of an emergency, in which my child / children would need medical intervention, I / we authorize that the medical authorities concerned provide the necessary assistance.

If you do not wish to be informed of any special offers or events by Depiro Basketball Club please tick this box

- Funds are not refundable

- I, parent / guardian of the above mentioned child / children, am aware that Depiro Basketball Club cannot assume responsibility for my child safety before and after his / her session time.

We thank all applicants in advance for their trust in our Club. Since places are limited, we urge those interested to fill the form and settle the application. Subscriptions are on first come first served basis.

Children are all monitored by qualified staff and teachers.

Parent / Guardian Signature _____

ID Card No _____

FOR OFFICE USE

Date of Application _____

Rec No _____

