

REGISTRATION FORM (SATURDAY PROGRAMME ONLY)

Participant's Details

First name: _____

Middle name: _____

Last name: _____

Gender: Male Female (Please tick ✓ as appropriate)

Phone number: _____

Email: _____

Address: _____

Activities

ACTIVITY	GROUPS AND TIME	TICK		TICK	PRICE
SWIMMING					
SOCCER					
BASKET BALL					
VOLLEY BALL					
ADULT AEROBICS					
DANCE					

Please tick (✓) as appropriate to select interested activities.

Dance Academy

DANCE	TICK	PRICE
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Music Academy

INSTRUMENT	TICK	PRICE
PIANO		
VIOLIN		
GUITAR		
RECORDER		
SAXOPHONE		
CLARINET		
DRUM SET		
VOICE TRAINING		

Disclaimer

Does the participant have any medical problems (such as diabetes, seizures, severe allergies or mental health issues etc.) which require treatment and/or medication? Yes No

If yes, please specify _____

(Please specify medical problem so that we can ensure appropriate arrangement in place.)

I, the undersigned, submit that my child (above named) is physically fit/in good health condition to participate in the strenuous athletic activity and I have no knowledge of any physical impairment or medical problems that will affect his ability to participate safely in the programs.

If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the phone numbers provided. In the event that the guardian cannot be reached in an Emergency requiring medical attention during the camp, I (the undersigned) authorize the Spring Meadow to act according to their best judgment in such cases. Spring Meadow shall not be responsible for injuries/health problems (*injuries/health problems shall be the responsibility of the parent/guardian of the participant*).

Upon signing this registration form, I waive, release, exonerate and discharge Spring Meadow, its personnel, agents, employees, contractors from all and any liability in the unlikely event of injury, disability or death that may occur as a result of participation in the said camp.

I hereby authorize the program organizers to use the participant's testimonials, photos or videos for promotional materials. Spring Meadow reserves the right to dismiss without refund, any participant who violates program rules or otherwise engages in misconduct or unsafe actions at any time throughout the duration of the camp session(s).

Parent/Guardian Signature: _____

Date: _____

Official use only

Payment Mode: Teller Cheque Bank Transfer

Player Kit:

Signature/Stamp:

Date:

FOR ENQUIRIES PLEASE CONTACT US:

Meadow Hall, Meadow Hall Way, 3rd Roundabout, Lekki.
Telephone: 08070490154, 08073000556, 08025042053.
Website: <http://meadowhallschool.org/multiple-intelligence>
E-mail: micentre@meadowhallschool.org