



Registration Form

Student's name: _____

Address: _____

ZIP Code: _____ - _____ Village: _____

Mobile number: _____

ID card number: _____ Birth date: _____ / _____ / _____

Tax ID number: _____ E-mail: _____

Profession: _____

Anthropometric data: Height: _____ Weight: _____

Sport choice: _____

Under 18's:

Parent

Name: _____

Address: _____

Zip Code: _____ - _____ Village: _____

Mobile number: _____

ID card number: _____ Birth date: _____ / _____ / _____

Tax ID number: _____ E-mail: _____

Profession: _____

I give my permission to be contacted to know about future promotions and classes information.

I allow my image / my son/daughter's image to be used in the school's social media.

Signature: _____ Date: _____ / _____ / _____

(The student / parent when under 18)