



## Brazilian International Soccer School

Happy Valley Term 2 Janeiro 9<sup>th</sup> to March 27<sup>th</sup>

Website - [www.biss.com.hk](http://www.biss.com.hk)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female.

### Contact Information

Mother's Name: \_\_\_\_\_ Mother's Mobile number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Mobile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact information** (if parents are not available):

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any medical condition the coach should be informed about?  
\_\_\_\_\_

### Course Enrollment

**NO CLASS ON JANUARY 30<sup>TH</sup>**

<b>DAY</b>	<b>TIME</b>	<b>VENUE</b>	<b>AGE GROUP</b>	<b>FEE</b>	<b>COURSE DURATION</b>
				\$220 PER CLASS	
<b>Thursday</b>	<b>4:45 – 5:45pm</b>	<b>Happy Valley</b>	<b>3-10</b>	<b>\$2,420</b>	<b>11 Classes</b>

### Payment Options

Please make the cheque payable to **Sports Talent Limited** and send it together with this completed form to: **410-412 Lockhart Road 4/F Flat C Nin Fung Building – Causeway Bay – Hong Kong or Bank Account :HSBC: 023 140916-838 Sports Talent Limited**

### Parents/Guardian

My child, \_\_\_\_\_, is in good health and has my permission to participate in this class. I will not hold Brazilian International Soccer School, director or coaches the responsible for any property loss, sickness or injury of any kind which may have resulted through participation in the classes.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_