



BRAZILIAN INTERNATIONAL SOCCER SCHOOL (BISS)

Peak School Term 2 January 11th to March 30th

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 OCTOBER 6

<u>DAY</u>	<u>TIME</u>	<u>VENUE</u>	<u>AGE GROUP</u>	<u>FEE</u>	<u>COURSE DURATION</u>
<u>SUNDAY</u>	<input type="checkbox"/> 9am to 10am	<u>PEAK SCHOOL</u>	<u>3-6</u>	\$2,800	11 classes
<u>SUNDAY</u>	<input type="checkbox"/> 10am to 11am	<u>PEAK SCHOOL</u>	<u>7-9</u>	\$2,800	11 classes
<u>SUNDAY</u>	<input type="checkbox"/> 11 am to 12:15	<u>PEAK SCHOOL</u>	<u>10-15</u>	\$2,800	11 classes

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: __/__/____