



**BRAZILIAN INTERNATIONAL SOCCER SCHOOL**

**QBS School Term 1 August 25 to December 15**

**Website - 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 SEPTEMBER 30 AND OCTOBER 28**

<b>DAY</b>	<b>TIME</b>	<b>VENUE</b>	<b>AGE GROUP</b>	<b>CLASSES</b>	<b>FEE\$</b>
					\$245 PER CLASS
<b>Saturday</b>	<b>9:15-10:15</b>	<b>QBS</b>	<b>4-10</b>	<b>16</b>	<b>\$3,920</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: \_\_\_/\_\_\_/\_\_\_