

OFFICIAL USE ONLY

Parent/Guardian:
 Name(s) of Child/Teen:
 Tag Number:
 Endorsed by: Date:

Attach a Colored
Recent Passport
Picture of Trainee

REGISTRATION FORM

All efforts will be made to ensure the information herein is accurate, kept up to date, secure and that it is used only in connection with the purpose and activities of Zaridi Afrika. It is the responsibility of the junior and their parent/guardian to notify the Company Secretary if any of the details change at any time.

(KINDLY PRINT & FILL IN BLOCK LETTERS)

TRAINEE DETAILS:

Trainee's Last Name: First: Middle:
 Home Address: Street/Road: Floor/House No:
 Email Address: D.O.B: Gender: M F
 Trainee's Phone: County of Residence:

PARENT/GUARDIAN DETAILS:

Parent/Guardian Last Name: First Name:
 Address (if different from trainee): Relationship:
 Email Address: Personal Phone: Home Phone:
 Postal Address: Zip Code: Work Phone:
 Best Contact for Automated Messages: Automated Emails:

MEDICAL INFORMATION:

The safety and welfare of children and teens in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details so that their best interests are addressed.

Does your child have any medical or physical conditions? YES NO
 If yes please give a brief description

Family Doctor Full Name: Doctor's Phone:
 Preferred Hospital: Emergency Contact (1) (2)
 Insurance Carrier: Insurance Number:

DECLARATION:

I confirm that Iam the parent/legal guardian of.....
 I have provided contact details above and undertake to inform the company secretary of any changes to this information. I confirm that all details are correct and I am able to give parental consent for my child/teen to participate in all activities set out by Zaridi Afrika.

Signature

Date

