

LFP's SPORT ASSOCIATION

Write below the chosen activities

Registration form 2024-2025



LAST NAME: _____ **Grade:** _____

First name: _____ **Date of birth:** _____

Address: _____

Parents' phone number in case of emergency: _____

Parents' email address: _____ @ _____

Please join the copy of the health insurance card.

- I agree to be present at training and matches/shows or meetings,
- I commit to having a positive attitude and respecting my schoolmates,
- The Association Sportive is a sports association. I will come to train and improve in a physical, sporting or artistic practice, while participating in tournaments, shows, and friendly meetings.
- The high school's internal regulations will be applied.

Student's signature:

I, Mr. / Mrs. authorize my son / daughter to participate in the activities of the Sports Association of the French high school in Prague and acknowledge having become aware of the following conditions:

- My child is no longer under the responsibility of the school after the end of his training (see timetables)
- Any behavior deemed disrespectful to people or equipment will lead to exclusion from AS, without refund of the subscription.

Parents' signature:

Read and approved