



Subscription form - After school activities For outsider students

Please return this coupon to LFIR secretariat with your payment

1st enrolment fee 50 USD + activity fee 100 USD each + optional insurance 50 USD

Student's name	Date of birth:
School presently attended	
Primary language(s) spoken at home	
Allergies or health problems	
Name of the activity 1 :	
Day and time :	
Name of the activity 2 :	
Day and time :	
<u>Contact</u>	
Father's name:	. Mother's name:
Email:	. Email:
Phone	Phone
Home address:	
Emergency contact name :	
Relationship with student	
Phone	
Pick up permission-I authorize the follo	owing person (other than parent/guardian) to pick
up my child.	
Name Phone	Relation with the student





PERMISSION FORM FOR MEDIA EXPOSURE

Please read and select **YES** or **NO**

	ermission	to take photographs and /or video of my	child for use within LFIR
premises. YES □	NO		
I give LFIR perm YES □	nission for NO	my child to be photographed for use on L	FIR website
		for my child to be photographed or filmed th as Facebook and YouTube	d for use on LFIR 's
		CIVIL LIABILITY INSURANCE	
☐ I'm already c the certificate.	overed by	a <u>civil liability insurance</u> . I therefore at	tach a copy of
☐ I'm not yet co		a <u>civil liability insurance</u> . I wish LFIR so 50 USD.	chool to subscribe via
Please join a co	opy of pa	ssport or ID card of the child.	
Signature of Pa	rent/Gua	rdian :	Date