

5th MBSSKL CHESS OPEN TOURNAMENT 2010

REGISTRATION FORM

Full Name:						
Address:						
Telephone No. Home / Office				HP No.		
Birth Date:		Age as at 1.1.2010:		years	month	
Please circle section for participation						
MBSKL students	Under 14		Under 17		Under 20	
Others	Boys	Girls	Boys	Girls	Boys	Girls
Note:						
I request that my child, (named above) be permitted to participate in the 24 July 2010 chess event. I fully understand that it is my responsibility for supervising my child during the event. Should it be necessary for my child to have medical treatment while participating in this event, I give permission to the physician selected by personnel to render medical treatment deemed necessary and appropriate. I as a parent or representative of this child, hereby release, discharge, indemnify, and hold harmless SMK (L) Methodist, Jalan Hang Jebat, Kuala Lumpur and their employees, volunteers or agents, and/or staff, from any claims arising out of, or relating to, any injury that may result to said individual while participating in the event. I, too hereby waive any rights to the taking and use of photographs, or any other recorded materials including video taken during the normal course of the event.						
Signature of Parent Or Legal Guardian				Date:		
Name of Parent or Legal Guardian				Relationship:		
<i>For Official use only:</i>						
RECEIPT						
Received from: Mr. / Mrs. / Miss						
Amount: Ringgit Malaysia						
Cash / Cheque No.:			Bank:			
Being: Entry fees for 5 th MBSSKL Chess Open Tournament 2010						
MBSKL students	Under 14		Under 17		Under 20	
Others	Boys	Girls	Boys	Girls	Boys	Girls
Receipt Issued by:						