

FISH brigade registration form

Date: _____

Kid's information

First name: _____ Family name: _____

Other name: _____ Gender: F/ M Age: _____

Birthday: _____ Year in School: _____

School: _____

Parent/ Guardian information

First name: _____ Family name: _____

Other name: _____ Gender: F/ M

Relationship: Mum/ Dad / Grandma / Grandpa / Guardian

Contact Number: _____ Email: _____

Address: _____

Emergency Contact

1. First name: _____ Family name: _____

Other name: _____ Gender: F/ M

Relationship: _____

Contact Number: _____

Any other information you would like us to know about your kid:

Office Use Payment received : _____ Date: _____

Remarks: _____