



Bandung Alliance International School

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Network of International
Christian Schools

BAIS Athletics Participation Form (Student Copy)

This form must be completed by the athlete's parent(s) for each sports season. It must also be accompanied by the BAIS Athletics Philosophy and Compliance Form.

Athlete Information

Athlete Name: _____ Grade: _____

Sex: Male: ___ Female: ___ Date of Birth: _____
Month/Day/Year

Parent Names: (Father): _____
(Mother): _____

Contact Information

Home Address: _____

Home Phone Number: _____ Office Phone Number: _____

Cell Phone Number: _____

Medical Information

Name of Family Doctor: _____

Address: _____

Phone Number(s): _____

Please inform the Athletic Department in the space below of any medical conditions that your child has:

Permission Statement

I give my child, _____ (child's name), permission to participate in the sport of _____ during the season starting on _____ and ending on _____.

I also understand that there are inherent risks to my child participating in athletics and I do/will not hold Bandung Alliance International School responsible for any injuries that might occur during the season.

Acknowledged by,

Parent's Signature

Date