

REGISTRATION FORM (please write or type clearly)

FAMILY NAME: **FIRST NAME:**

DATE OF BIRTH: **NATIONALITY:**

ADDRESS:

PARENTS' PHONE:

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CHILD'S PHONE:

e-mail of parents:

LEVEL OF GERMAN: Beginner Intermediate Advanced

e-CARD number: NON YES Number:

PRIVATE HEALTH INSURANCE: Name of insurance:

Insurance number: (can be supplied in June 2024)

My son / my daughter is able to swim: YES NO

SPECIAL DIETARY REQUIREMENTS:

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ALLERGIES / OTHER HEALTH ISSUES:

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Date: **Signature of legal guardian:**

Please send us the registration form and wait until we have confirmed its receipt. Then a non-returnable down payment of € 300.- is due. This guarantees a definite registration of your child. The remainder of the course fee is due by June 10th, 2024.

Bank: Martin Helbich, BANK AUSTRIA,
IBAN: AT82 1200 0100 3074 4253 BIC: BKAUATWW

Please send the registration form to us by mail (gki@gki.co.at).

By the middle of June 2024 you will get more detailed information. Do not hesitate to write to us if you have any questions.