REGISTRATION FORM

PARTICIPANT INFORMATION

FULL NAME: ……..

DATE OF BIRTH: …….. EMAIL: ……..

GRADE/CLASS. ……..

SCHOOL NAME:……..

LOCATION OF SCHOOL:……

SIGNATURE:……..

PARENT/GUARDIAN INFORMATION

FULL NAME:……..

RELATIONSHIP TO THE PARTICIPANT.:……..

CONTACT NUMBER:…… EMAIL:……

CONSENT TO PARTICIPATE: I, the undersigned, hereby consent to my child/ward's participation in the Rack Your Mind English Mental Quiz Competition. I understand that the competition may involve physical and mental activities and I assume full responsibility for any risks or injuries that may occur during participation. I also consent to the use of my child/ward's image and performance in promotional materials.

PARENT/GUARDIAN SIGNATURE:…… DATE:……

TEACHER/SCHOOL ENDORSEMENT

FULL NAME:……..

CONTACT NUMBER:…… EMAIL:……..

ENDORSEMENT: I, hereby endorse the participation of the above-named student in the Rack Your Mind English Mental Quiz Competition and affirm that the information provided is accurate to the best of my knowledge.

SIGNATURE:…… DATE:……

SUBMISSION INSTRUCTIONS: Please download and submit the completed registration form to the person in charge at your School.