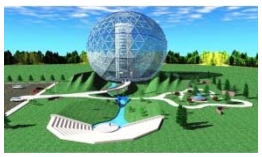

The Global Academy for International Athletics, Inc.

Children's Athletics Trials

Registration Form
Tirana, ALBANIA.

Applicant's Name: /
Use block letters: Family name/Nom/Surname Given name/Prenom Middle

Applicant's full Mailing Address: /
Number, Street and Apt. Number.

/ /
City State/Province Postal Code Nation

Email Address: /

Telephone/ /
Country Code Area Code Telephone Number

Gender: __male; __ female. Birth date: / / / / / / / / / [1]
Day (dd) Month (mm) Year (yyyy)

Necessary Additional Citizenship and Family Information:

1. Child will be accompanied by[2] /
Mrs./Mr./Dr. Family Name Given Name Middle Initial

2. Relationship to child: _____
Mother/father/coach/chaperone

3. **Total** number of persons accompanying child _____; ___ adults; ___ children over 12; ___ children under 12[3]

4. Child's citizenship? / / / / / / / / /
Which nation?[4]

Necessary Health Information, to be completed by the parent or coach:

1. The family's physician or a local health authority has certified that the above child is fit for rigorous physical competition. ____ Yes. Name of Physician or health worker: / / / / / / / / / / / / / / / / / / /

3. Does the child follow any religious dietary regime? _____ No; _____ Yes. If yes, which? _____
(Jewish, Muslim, Hindu, Seventh Day Adventist, or other?)

4. Is the child under any other dietary restriction? _____ No; _____Yes. If yes, please explain: /_/_/_/_/_/_/
/_/_/_/_/_

More Information: info@gaiaschool.info