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**MUNICIPAL COUNCIL OF BEAU BASSIN ROSE HILL**

**WELFARE DEPARTMENT**

**Registration Form for residents of Beau Bassin –Rose Hill**

**Wellness Karaté (+50 years); Yoga; Aerobics; Zumba; Tai Chi; Karaté (+8 years);**

**Line Dancing & Kick-boxing**

***(Registration forms duly filled in with copies of required documents, should be returned to the Conference Room No.4 Plaza, Municipal Council of Beau Bassin-Rose Hill on registration day as per list of sessions and press advertisement).***

|  |  |
| --- | --- |
| Surname:  | .………………………………………………………………………………………………………………………………………….. |
| Other Name:  | …….……………………………………………………………………………………………………………………………………. |
| Date of Birth:  | ………………………………………. |  |  | I.D. No.: | ………………………………………………………………… |
| Address:  | ……..…………………………………………………………………………………………………………………………………… |
|  | …..……………………………………………………………………………………………………………………………………… |
| Tel. No.: | …..………………………………… |

Signature:…………………………………………………………… Date: ……………………………………..

**(FOR PARTICIPANTS LESS THAN 18 YEARS - CONSENT OF PARENT OR GUARDIAN)**

We, the undersigned, hereby authorize the abovenamed child/young person to join fitness sessions as mentioned below.

I/We declare that the information given above is correct to the best of my/our knowledge and belief.

|  |  |
| --- | --- |
| Father/Mother/Guardian:  | …………………………………………………………………………………………………………………………… |

 (In case of guardian, documentary evidence to be produced.)

Signature:…………………………………………………………… Date : ……………………………………..

**DISCIPLINES CHOSEN (maximum 2):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (1) | Discipline:…………………………………………… |  | (2) | Discipline:…………………………………………… |
|  | Site: …………………………………………………… |  |  | Site: …..……………………………………………… |
|  | Session time: ……..……………………………… |  |  | Session time: ……..…………….…….………… |

***(for office use)***

*Documents submitted: (i) Proof of address (CEB or CWA or Mauritius Telecom)*

 *(ii) Copy of National Identity Card*

 *(iii) Copy of Rent Book (where applicable)*

 *(iv) Medical Certificate for those above 60 years*

*Remarks: …………………………………………………………………………………………………………………………………….…………………*

Signature:…………………………………………………………… Date ……………………………………..

Name of Officer :……………………………………………………………………..