



ACCEPTANCE

Programme Date

I, the *parent / guardian of the participant named below, hereby give consent and permission for my * son / daughter / _____ to participate in the Sleep with Sharks Programme @ Aquaria KLCC and agrees to abide by the terms and regulations specified.

The Child do not have any physical or mental conditions which would restrict or prevent * him / her from participating in the scheduled activity, or which would increase the risk of harm.

Name (Participant) Nickname

Age Date of Birth

Address

Allergies Special Medications

Does the child have an asthma inhaler? Yes No
 (If Yes - Please ensure they bring their inhaler as it will not be provided in the programme)

Any other relevant information

EMERGENCY CONTACTS

In case of emergency, the name and phone number below are those to respond:

Name 1 Name 2

Phone Phone

Relationship Relationship

Email

Payment Credit Card ATM Transfer Online Transfer Cash

Payment (RM) Balance (RM)

Name of Parent / Guardian

Name of Parent / Guardian

Contact No

Email

Date

** cut irrelevant

** Please fax / email the completed form to 03 2380 0069 and contact 03 2333 1975 / 1971

** Please make a copy for your record.