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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C:\Users\Administrator\AppData\Local\Microsoft\Windows\INetCache\Content.Word\indir.png KAYAPINAR BELEDİYESİ** **GENÇLİK VE SPOR HİZMETLERİ MÜDÜRLÜĞÜ** **YÜZME HAVUZU ÖĞRENCİ KAYIT FORMU**

|  |  |  |
| --- | --- | --- |
|  | **İLİ :** | **KAYIT TARİHİ:** |
|  | **CİNSİYET :** | **DOĞUM TARİHİ:** |
| **SPORCUNUN ADI SOYADI :** |  |  |  |
| **TC KİMLİK NO :** |  |  |  |
| **BABA ADI :** |  |  |  |
| **ANNE ADI :** |  |  |  |
| **BRANŞ :** |  |  |  |
| **OKUL ADI :** |  |  |  |
| **KAN GRUBU :** |  |  |  |
| **VARSA SÜREKLİ HASTALIĞI :** |  |  |  |
| **VARSA KULLANDIĞI İLAÇ :** |  |  |  |
| **VARSA GEÇİRDİĞİ SAKATLIKLARI :** |  |  |  |

 **VELİSİNİN :**

|  |  |
| --- | --- |
| **TELEFONU 1 :** |  |
| **TELEFONU 2 :** |  |
| **ADRES :** |  |

 **ÇOCUĞUMUN YÜZME SPORUNU YAPMASINDA HERHANGİ BİR SAĞLIK ENGELİ OLMADIĞINI TAAHÜT EDER, YÜZME SPORUNDA YAŞANABİLECEK BÜTÜN KAZALARI ÖN GÖREREK ÇOCUĞUMUN YÜZME SPORUNU YAPMASINA İZİN VERİYORUM.** **TARİH : …./…./2024** **VELİ ADI SOYADI**  **İMZA** |