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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** |