

MINISTRY OF YOUTH AND SPORTS



APPLICATION FORM

ECOLE DE SPORTS

STUDENTS AS FROM GRADE 3 ARE INVITED TO JOIN THE DIFFERENT ECOLES DES SPORTS AS AT BELOW:

A. SPORTS DISCIPLINES (Please tick only one as appropriate)

- Athletics Basketball Football Handball
 Swimming Volleyball Others*

*Please Specify Sports Discipline: (1)..... (2)

B. PROFILE OF PARTICIPANT

1. *Surname:*(Block Letters)

2. *Other Names:*(Block Letters)

3. *Date of Birth:* *Sex:*

4. *Residential Address:*

.....

Telephone No..... Cellular No

5. **Region (Please tick as appropriate)**

- Beau Bassin/Rose Hill Grand Port Quatre Bornes
 Black River Moka R. Rempart
 Curepipe Pamplemousses Savanne
 Flacq Port Louis Vacoas/Phoenix

7. Name and Address of School

Name of College:

Address :

Telephone : (Office)..... (Fax).....

C. Request for Integration

I, the undersigned, will integrate the Training Centre run by the Ministry of Youth and Sports and abide to all rules and regulations of the Centre. The Ministry shall not be liable for any accident during training and competition. I also undertake to comply with all instructions that may be given to me by the responsible officers.

.....
Signature of Participant

.....
Date

D. Responsible Party (or person to be contacted)

Name:
(Block letters)

Address:
.....
.....

Telephone No. Office.....Residence:Cellular.....

E. Consent of Responsible Party

I, the undersigned have no objection to my son/daughter/ward to join the ‘Ecole de Sport’ run by the Ministry of Youth and Sports.

.....
Signature of Responsible Party

.....
Identity Card Number

.....
Date

