REGISTRATION FORM FOR THE INTERNATIONAL BASKETBALL ACADEMY

parent's or legal guardian's full name _____

name of child _____

child's age _____ **date of birth** _____

During the 2026/2027 school year, the child will attend:

☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4

Sex:

☐ female ☐ male

residential address _____

preferred training school _____

e-mail _____ **telephone number** _____

notes _____

Confirmation of Information Accuracy *

☐ I confirm that I am the parent or legal guardian of the child being registered and that all information provided is accurate and up to date.

Personal Data Processing *

☐ I consent to the processing of the personal data provided in this registration form for the purpose of handling my application, maintaining further communication, and providing information about LayUp Academy activities. I have read and understood the Privacy Policy.

News and Updates

☐ I agree to receive information about LayUp Academy activities, events, programs, and updates by email.

In _____, ____ **of** _____ **20** ___

_____

Signature of the Parent or Legal Guardian