



LASEP - Association sportive International School Edward Steichen

Registration form

Please complete an individual form for each child and hand it to the LASEP-trainer prior to the first training session.

Information on the child to be registered

School cycle: _____

Last name: _____

First name: _____

Gender: ☐ female ☐ male

Date of birth: _____

National identification number: _____

Complete address (n°, street, postal code, locality):

Class teacher: _____

Day care (Maison Relais) – phone number: _____

Specific needs: ☐ yes ☐ no

Legal responsible – person in charge of the child

Last name: _____

First name: _____

Degree of kinship: _____

Mobile number: _____

e-mail-address: _____

National identification number: _____

Complete address (n°, street, postal code, locality):



Before attending the LASEP-training-sessions, my child is

- ☐ at home
- ☐ in Maison Relais
- ☐ other: _____

After the LASEP-training-sessions, my child is (in principle):

- ☐ being picked up by (name): _____ Mobile number: _____
- ☐ going to Maison Relais
- ☐ other: _____

Consent for photos, videos and voice recordings

- ☐ The undersigned allows the LASEP coach to take pictures, to film and to make voice recordings during LASEP sessions and also to publish them.
- ☐ The undersigned DOES NOT allow the LASEP coach to take pictures, to film and to make voice recordings during LASEP sessions and also to publish them.
- ☐ The undersigned declares the information on this registration form to be correct.
- ☐ The undersigned consents to the processing of data as it appears in the register for the processing of the personal and, where applicable, "sensitive" data listed above, which is available on the website www.lasep.lu.

Date: _____

Name and signature of the legal responsible: _____



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Information request form

Health information

For the well-being of your child, we kindly ask you to fill out this form very conscientiously.

Last name and first name of the child: _____

Is your child allergic to insect bites? ☐ yes ☐ no

Other allergies? ☐ yes ☐ no

If yes, please give further information: _____

Please indicate any other health problems! (e.g. asthma, febrile convulsions, epilepsy, diabetes...):

Is your child currently receiving medical treatment? ☐ yes ☐ no

Is there a PAI for your child (projet d'accueil individualisé)? ☐ yes ☐ no

Recommendations of the parents:

My child can swim 100 meters : ☐ yes ☐ no

Person(s) to be notified in case of absence of the person in charge of the child (name and phone number): _____

☐ The undersigned declares the information on this information form to be correct.

☐ The undersigned consents to the processing of data as it appears in the register for the processing of the personal and, where applicable, "sensitive" data listed above, which is available on the website www.lasep.lu.

Date: _____

Name and signature of the legal responsible: _____