



REGISTRATION & DISCLAIMER FORM (below 18 years old)

Guardian's Details:

NAME:	
IC NO/PASSPORT NO:	

Applicant's Details:

NAME:			
STUDENT ID:		IC NO/PASSPORT NO:	
CONTACT NO:		EMAIL:	
AGE:		GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female

I, as undersigned below, have authorized my son/daughter (details as above) to take part in a trip organized by the Student Affairs, UCSI University to:

Trip/Outing's Details:

VENUE/PLACE:	
DURATION:	For _____ day(s) and _____ nights(s)
PERIOD:	From ____ / ____ / 20 ____ to ____ / ____ / 20 ____
TIME:	From _____ am/pm to _____ am/pm

UCSI University shall take all necessary precautions but shall not be held liable for any accident or any untoward incident that my child may encounter during this entire trip. My child further undertakes to be completely responsible for his/her actions or for any or all events that he/she may encounter during this entire trip.

Parent/Guardian's Signature:

Witness's Signature:

Name:
Date:

Name:
Date: