

REGISTRATION FORM

PMPS-LSEC PAH COMMUNITY CPR FOR SCHOOL CHILDREN

NAME:.....

AGE:.....

ADDRESS:.....

HP NO:..... Email address:

Please pay REGISTRATION FEE: RM15/- O

DISCLAIMER

I,....., IC NO:....., parent of the named Participant declare that my child is in good health and willingly participate in this training at own risk. The Organizer will not be liable for any harm or injury or losses suffer by participant and me.

Signature of parents.

Date:.....

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