

**DIRECTORATE OF HEALTH, CULTURE AND SPORTS**

**CULTURAL/SPORTS ACTIVITIES**

**COURSE REGISTRATION FORM**

|  |  |
| --- | --- |
| NAME |  |
| SURNAME |  |
| TR IDENTIFICATION NUMBER  |  |
| DATE OF BIRTH |  |
| LEVEL OF EDUCATION |  |
| CULTURAL/SPORTS COURSES YOU HAVE ATTENDED BEFORE   |  |
| ARE YOU AN INTERNAL (INSTITUTIONAL) OR EXTERNAL PARTICIPANT? |  |
| ANY SERIOUS DISEASES YOU HAVE HAD IN THE PAST |  |
| CONTACT INFORMATION |  |

\* Cultural Activities: Guitar, Paper Marbling, Baglama, Calligraphy etc.

\*\* Sports Activities: Pilates, Zumba, Yoga, Table Tennis, Taekwando, Basketball, Kick-Box, Muay Thai etc.

\*\*\* If you are pregnant or suspecting pregnancy, you must bring a “no-objection certificate” from your doctor for the Yoga/Pilates course.

\*\*\*\* If you have a condition that may prevent you from doing the related activity on your own, please indicate here the name of the person that will be accompanying you …………………………………………

**The individual who is taking up sports activities hereby agrees that there are no objections to their doing sports in terms of health and that they bear all the responsibility for any health problems that may occur.**

“I voluntarily would like to participate in the cultural/sports activities program organized by the Directorate of Health, Culture and Sports.”

DATE

SIGNATURE