**REPUBLIC OF TURKEY**

 **GEBZE TECHNICAL UNIVERSITY RECTORATE**

 **Directorate of Health, Culture and Sports**

 **Sports Registration Form**

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| **REGISTRATION DATE AND MEMBERSHIP NO.** |  |
| **FULL NAME** |  |
| **DEPARTMENT/DIVISION** |  |
| **TR IDENTIFICATION NO** |  |
| **PLACE AND DATE OF BIRTH** |  |
| **GENDER** |  |
| **TELEPHONE NUMBER** |  |
| **BLOOD TYPE** |  |
| **E-MAIL ADDRESS** |  |
| **SPORTS PREFERENCE** |  |

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| **HOME ADDRESS** | **WORK ADDRESS** |
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| **ANY SERIOUS DISEASES/OPERATIONS YOU HAVE HAD** | **ANY PAST OR PRESENT SPORTS DONE** |
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| **HEALTH REPORT** |
| **I HAVE NO HEALTH-RELATED OBSTACLES TO DO SPORTS FULL NAME :** **DATE :** **SIGNATURE :**I hereby declare that I, not GTU, will be held responsible for any health problems I may experience due to the sports activities I do. |