



REGISTRATION FORM AND TERMS & CONDITIONS

PLEASE USE BLOCK CAPITALS TO FILL IN THIS FORM.

STUDENT DETAILS:

Last Name: _____ First Name: _____
Date of birth:(day / month /year) ____ / ____ / ____ Age: _____
School: _____

PARENT/GUARDIAN DETAILS:

Last Name: _____ First Name: _____
Mobile Number: 1 _____ 2 _____
Email Address: _____

PROGRAM/PACKAGE:

Term: _____ Dates inclusive: _____
Activity/Sport # 1: _____ Activity/Sport # 2: _____
Day: _____ Time: _____ Day: _____ Time: _____
Day: _____ Time: _____ Day: _____ Time: _____
Day: _____ Time: _____ Day: _____ Time: _____

How did you hear about Ace Sports? _____
Please fill in any health issues to be aware of during the activities: _____

TERMS & CONDITIONS

- All fees must be paid in full upon registration or before attending the first lesson.
- I agree that once the above player attended the first class, **A REFUND WILL STRICTLY NOT BE GIVEN** if the player was absent, dismissed due to unsafe behaviour or withdraw from the classes for any reason.
- Fees are not transferable to other player, other activity or the coming term.
- We do not provide refunds or make-up lessons for missed sessions except in the circumstances outlined.** Make-up lessons will be ONLY considered if cancellation is on our end (Unless due to a force majeure situations) or If an absence for three consecutive lessons or more is accompanied by a doctor's note. If the student had unannounced absence or failed to come on the scheduled make-up lesson, such will be considered gone.
- Ace sports Academy, their employees, venues or sponsors will not be held responsible for any personal injury or any accident suffered on or off the field/courts, or while en route to or from games/practices affiliated with Ace Sports Academy programming.
- I understand that NO supplemental insurance is offered from Ace Sports Academy. I hereby declare that my child has his/her own insurance and I will continue to provide personal health and accident insurance for my child, covering injury treatment in the event an accident happens during an activity/event. Otherwise if not available, I shall be personally responsible for any and all medical and hospital fees and expense that may be incurred.
- I understand that no responsibility will be accepted for any loss or damage to the property or valuables of my child.
- I understand that photography and video-photography is not allowed during normal training sessions, except by members of the staff. Ace Sports Academy has the right to use and publish this material for any purpose (including editorial and advertising).

I therefore conclude that I have read and agree with the above Terms & Conditions.

Parent/Guardian Name: _____ Signature: _____ Date: _____

LIKE & FOLLOW US ON: Ace Sports Academy @academyacesports

ACE SPORTS ACADEMY

Mob. No. 971 554522066 | P.O. Box : 85680

Email :info@acesportsacademy.com | Web: www.AceSportsAcademy.com



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LIABILITY WAIVER FORM

I the understand that by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the venue and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the venue may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the venue management company's employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family and my child(ren) may experience or incur in connection with my child(ren)'s attendance at the venue or participation in sports activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the venue management company and their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the venue management company and their employees, agents, and representatives, whether a COVID- 19 infection occurs before, during, or after participation in sports facility activities."

Child Details:

Last Name: _____ First Name: _____

Parent/Guardian Details:

Last Name: _____ First Name: _____

Signature: _____ Date: _____

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COVID-19 SELF DECLARATION FORM

Child Details:

Last Name: _____ First Name: _____
Age: _____ Sport: _____

Parent/Guardian Details:

Last Name: _____ First Name: _____
Relationship: _____
Mobile Number: 1 _____ 2 _____
Email Address : _____

1. Have you or an immediate family member travelled outside of the UAE in the past 14 days?
 Yes
 No
2. Have you or an immediate family member come in close contact with people being infected, suspected or diagnosed with COVID-19 with the past 14 days? ("Close contact" means being at a distance of less than one meter for more than 15 minutes.)
 Yes
 No
3. Have you or an immediate family member had or is currently having fever, cough, colds or any flu symptoms within the past 14 days?
 Yes
 No

If yes, please indicate diagnosis or findings by the doctor here: _____

This document will be retained confidentially by Ace Sports Academy. The health and wellbeing of our community is our first priority therefore Ace Sports reserves the right to deny entry to the campus. I hereby declare that the details above are true and correct to the best of my knowledge and belief, and I undertake the responsibility to inform you of any changes therein, immediately.

Signature: _____ Date: _____

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