



HOLIDAY CAMP



Registration Form

Child details (please use one form per child):

Family Name: _____ First Name: _____

Age: _____ Gender: female male

Medical conditions (including food allergies) _____

My child can swim 20 meters without support: YES NO

Parents details: Name: _____ Mobile Number: _____

Work/Home number: _____

Email Address (Capital Letters) _____

Alternative contact name and phone number - _____

Name of Person/s who will pick – up the camper :

1. _____ Contact No. _____

2. _____ Contact No. _____

3. _____ Contact No. _____

Winter Activity Camp

Attendance: Kindly mark (✓) the required dates.

18 th December	19 th December	20 th December	21 st December	22 nd December
25 th December	26 th December	27 th December	28 th December	29 th December

Do you require transportation (AED175/week): NO YES Area: _____

N.B Please submit a location map along with this application

I understand by signing that Ace sports Academy, their employees, venues or sponsors will not be held responsible for any injuries damage suffered on or off the field/courts, or while en route to or from games/practices affiliated with Ace Sports Academy programming, I shall be personally responsible for any and all medical and hospital fees and expense that may be incurred. I understand that NO supplemental insurance is offered from Ace Sports Academy, I agree that ACE SPORTS ACADEMY management, staff, venue and sponsors are not responsible for any accident or any circumstances that may occur to my child if he/she was not picked up 15 minutes after the camp. And may you please note that our academy takes photographs of the players to use them through our media.

Parent name -----Signature -----Date: -----2016

No refund