



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. _____

Spring Activity Camp

Attendance: Kindly mark (✓) the required dates.

26 th March	27 th March	28 th March	29 th March	30 th March
2 nd April	3 rd April	4 th April	5 th April	6 th April

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: -----2017

No refund