



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: _____

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. _____

Attendance: Kindly mark (✓) the required dates.

JULY 2016

AUGUST 2016

S	M	T	W	TH
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

S	M	T	W	TH
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25

Do you require transportation (AED170/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 REFUNDS