



# SUMMER CAMP 2018



## 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. **NO CAMP DURING PUBLIC HOLIDAYS**

### **JULY 2018**

### **AUGUST 2018**

S	M	T	W	TH
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	30		

S	M	T	W	TH
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Do you require transportation (AED180/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:----- 2018

**PAYMENT STRICTLY NON-REFUNDABLE**