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| Date: _____ | REG No. _____ |
| Customer Information | |
| Name : _____ Father's Name: _____ | |
| Gender : <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/> | |
| Nationality: _____ Mother's Name: _____ | |
| Date of Birth: _____ E-Add : _____ | |
| Age : _____ Address: _____ | |
| Medical illness & allergies: _____ | |
| Sports Classes/ Activities | |
| Soccer/Football <input type="checkbox"/> Martial Arts <input type="checkbox"/> Badminton <input type="checkbox"/> Yoga <input type="checkbox"/> Tennis <input type="checkbox"/> Basketball <input type="checkbox"/> Arts <input type="checkbox"/> Dance <input type="checkbox"/> | Swimming <input type="checkbox"/> Dodgeball <input type="checkbox"/> Archery <input type="checkbox"/> Gymnastics <input type="checkbox"/> Table Tennis <input type="checkbox"/> Cricket <input type="checkbox"/> Arts & Crafts <input type="checkbox"/> Aerobics <input type="checkbox"/> |
| Session Days | |
| <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday | |
| Uniform Sizes | |
| <input type="checkbox"/> 5xs <input type="checkbox"/> 4xs <input type="checkbox"/> 3xs <input type="checkbox"/> 2xs <input type="checkbox"/> xs <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL | |
| Name on Tshirt: _____ Number on Tshirt: _____ | |
| Uniforms will be charged/ paid separately. | |
| To Be Filled by MEDSPORTS | |
| Package Price : _____ | |
| Guide on How To Register | |
| <p><i>Please complete and sign this form. Send a copy of this form along with your child's passport or Emirates ID copy to info@medsports.co</i></p> <p><i>A confirmation message will be sent to your registered email or mobile number which you will present at the facility entrance to access the sports facility.</i></p> | |
| Guide on How To Pay | |
| <input type="checkbox"/> Cash Total Amount _____ <input type="checkbox"/> Bank Discounts if any _____ | TOTAL DUE: _____ |
| MEDSPORTS Bank Details: | |
| Bank : <i>Emirates Islamic Bank</i> Branch : <i>EI Dubai Festival Center</i> Account Name : <i>MED COURSES CONFERENCE LLC</i> Account Number : <i>3708211414501</i> IBAN : <i>AE340340003708211414501</i> Swift Code : <i>MEBLAEAD</i> | |
| Please read waiver and consent and affix your signature on the back page. Thank You! | |

What To Bring

- **Drinking water will NOT be provided during the sessions.**
- **All players and campers will need to bring their own water bottles for their personal use.**
- **(Please note that this cannot be refilled until they will return home.).**
- **Kindly ensure that they will have enough drinking water and snacks. All swimmers have to bring their own towels, toiletries and change of clothes during the swim sessions.**
- **Children must wear masks on arrival. They should be wearing their masks throughout the sessions as needed.**

What to Wear

Children should arrive at the facility ready to train in their comfortable sports and foot wear. If uniforms are available, children must wear the sports academy uniforms.

Important Information For Players, Guardians and Parents

Strictly no parking inside the school parking area. Please do not try to enter the school car park area.

Temperature Checks will be carried out on all players, swimmers upon arrival and anyone with a temperature of 37.5 C shall not be allowed in the facility.

If your child has any fever, cough, colds, breathing difficulty, respiratory condition, or immunodeficiency or had any surgeries and has not been cleared by a medical physician, please do not bring your child to the facility and sessions for their own safety.

No Make Up Session/Class for missed session/ absences during ECA and Camp Activities. MEDSports reserves the right to cancel, change schedule, programs beyond our control.

Children and Players must observe sanitary and safety guidelines at all times.

Consent and Waiver. PLEASE READ and SIGN

In signing this form, I understand that I have full responsibility for the health of my child/ children. Except for the extent that such matters arise out of negligence of, misconduct of, associated sponsors and the applicable venue, **I will NOT hold MED Sports responsible for any loss, damage or injury to the participant or his/her belongings or claim for any injury or impairment the participant may incur during the duration of this sports activity.** I consent that if first aid during the sessions, assistance will be provided by our qualified staff. Staff will wear protective gears (masks, gloves and the like) during any contact and parents will be contacted immediately.

I adhere to MEDSports Rules and Policies in the sports activities and understand that these policies and rules are in place for everyone's guidelines and protection.

I acknowledge that the contagious nature of COVID-19 and understand the risks of becoming exposed, infected by, COVID-19 at the sports facility. On my behalf, and on behalf of my child/children, I hereby release covenant not to sue, discharge and hold harmless the facility management company, their employees, agents and representatives of all liabilities, claims, actions, damages, costs, and expenses of any kind arising out of or relating thereto whether a COVID-19 infection occurs before, during or after participation in MED Sports activities or services.

MED Sports reserve the right to make any changes to the programmes for reasons beyond our control. I understand that **photographs or videos may sometimes be taken during the activity and I hereby consent to allow such material to be used on our marketing including website and social media sites.**

I agree to adhere to all the above guidelines in accordance with government regulations regarding the safe return to activities and all instructions which are issued by the Supreme Committee of Crisis and Disaster Management in Dubai, the Department of Economic Department, Dubai Sports Council and relevant authorities, shall be observed and strictly followed.

Emergency Contact Information

In the event of any emergency, please list one person who knows your child.

Full Name:

Contact Number:

Confirmation & Signature of Parent / Guardian

Parent Name:

Mobile No.:

Signature:

Date: