Champion Athletics personal sport coaching services L.L.C.

(License No – 1112273)
Email: info@championathleticsae.com, Mobile: +971 50 113 7821

Paste your photo here

REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name: _____ **First Name:** _____

Gender: ☐ **Female** ☐ **Male** **T-Shirt Size**_____ **Joining Date**_____

School: _____

Area of Interest: ☐ **Athletics** ☐ **Fitness** **Name of Sport**_____

Date of Birth:_____ **Nationality:** _____

Home address: _____

City: _____ **Email:** _____

Mobile: _____ **Parent email:** _____

Mother's name:_____ **Father's name:**_____

Mother's mobile:_____**Father's mobile:**_____

Emergency contact*: _____ **Relationship:** _____

Phone: _____

Specify any of your child's health problems:_____

Is your child on any medication? No Yes If Yes, please specify:_____

Contact Information

For more information, contact Upul Rajapaksha at
+971 50 11 37 821
Email: info@championathleticsae.com

Terms & Conditions

- Please attach one recent passport size photograph & copy of Emirates ID/Passport
- Fee should be paid in advance by cash
- Joining fee applies to all students at the time of registration
- By participating, you grant the club permission to use photographs or videos taken during events for promotional purposes.

Consent: We are joining/putting our kids on our own decision

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____
REQUIRES PARENT'S SIGNATURE:
You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child_____ as they may deem advisable.

Parent/Legal guardian name_____Date_____

Parent/Legal guardian Signature_____Date_____

Student Allergies_____

Student Medical Problems_____

Doctor_____Phone number_____

Insurance carrier_____Policy number_____

PARENT STATEMENT

I hereby state that (name of child) _____ is in good mental and physical health condition to participate in the activities provided by **Champion Athletics personal sports coaching services LLC,** including but not limited to all aspects of athletics, fitness and or competition. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Champion Athletics personal sport coaching services LLC, its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Champion Athletics personal coaching services LLC,** including any event sponsored or sanctioned by **Champion Athletics personal coaching services LLC,** and or travel to and from such activities.

I understand that **Champion Athletics personal sport coaching services LLC,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of facilities, etc.) or becomes involved in any activity or with any persons not associated with **Champion Athletics personal sport coaching services LLC,** or its scheduled program and that **Champion Athletics personal sport coaching services LLC,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature_____Date_____