



SPRING

SPORTS ACADEMY

PHOTO

REGISTRATION FORM

Please fill name and important details in CAPITAL LETTERS clearly. Underline/tick appropriate options.
Attach a valid passport copy, a recent photograph, registration fee Dhs. 100 + Coaching Fee. Emirates ID Original for age proof to be shown.

Player Information

Player / Member Name		Age	Gender M / F
Date of Birth	DD / MONTH IN WORDS / YYYY	Birth Place	Language & Communication
Current School			Grade

Contact Details

Home Address			
Contact Details	Father's Name	Mother's Name	Player's Contact
Mobile #			
Home / Office Landline #			
Email Address (personal)			
WhatsApp #			
Facebook ID			
Twitter			
Emergency Contact	Name	Mobile	Landline

Coaching / Activity

Activity Chosen	Cricket Basketball Football Aerobics Yoga Tennis Swimming Badminton Karate	Others Specify:
Coaching Package / Type	Package Chosen:	Group 1 to One 1 to Four Other Type:
Preferred Centre/s Chosen		Starting Date DD / MONTH IN WORDS / YYYY
Chosen Time / Schedule	Weekend Classes Session of 2 or 4 Weekday Classes	Other Schedule:

Transportation

Transportation Required	Yes No	If Yes, Pickup and drop Location/s	
If Above is NO, Person/s Authorized to Pick-up the child	Name	Contact #	Relation to Player

How did you hear about us?

Email Website Google Facebook WhatsApp Twitter Leaflet SMS Newspaper Others: _____



SPRING SPORTS ACADEMY

For Official use only

Player ID #
Online ID
Password

Player Medical Details

Tell us about player/member's any health problems (Allergies, injuries, fractures, sprains, Medications etc.) which need to be considered.

Doctor Name	Contact #	Insurance Details / Policy #

Player Activity & Diet Details

Tell us about player/member's Additional Skills, sports and games, Formal trainings past and present, competitions participated, Achievements etc.

Diet Habits	Daily Activities

Parent/Guardian Consent

Consent for the Medical Treatment

I hereby give permission to **Spring Sports Academy (SSA)** in the event of an emergency and in case we are unavailable, I hereby give permission to **SSA** to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat the **player/member (Player)** mentioned in this form as they may deem advisable and all the cost incurred for the treatment will be bared by me.

_____ (initial)

Consent for the use of Photographs and Videos

I hereby give permission to **SSA** to photograph and/or videotape the **Player** for educational, coaching and promotional purposes.

_____ (initial)

Parent/Guardian Statement

I, _____ hereby state that the **Player** mentioned in this form is in good mental and physical health condition to participate in the activities provided by **SSA** including physical training, drills, simulations, tournaments or competitions. I completely agree with all the all the training structure/programe, coaching process adapted and applied, schedule and its changes, and duration of the training by the coaches of **SSA** for continous improvement of the **Player**. I am fully aware that any activity involving motion, height or athletic activity, water pools creates the possibility of serious injury. I hereby release **SSA, its employee and its staff appointed by them** from liability to the **Player**, of the person claiming through him/her, arising from injury to the person or property of the **Player** occurring in the premises of **SSA**, including any event sponsored or sanctioned by **SSA** and or travel to and from such activities, and the outcome of the training activity chosen in this form. I likewise release from responsibility any person transporting **Player** to and from the activities.

I understand that **SSA** has the right to deny admittance to any **Player** not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that **Player** engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of **SSA** campus, etc.) Or becomes involved in any activity or with any persons not associated with **SSA** or its scheduled program and that **SSA** 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 and any change of information will be made known to the **SSA**. In addition, I have agreed to the policy, rules and regulations, to timely respond to the emails and other communications of **SSA** and fee structure of **SSA** which to be paid fully at the beginning of each month and agree to comply.

Parent / Guardian Name

Signature

Date