



Enrollment Form

For Myself My Child Join Date
Term Short Long
Referred by Student/Parent Other Nationality

Trainee/Player Name (enrollee)

Date of Birth Age Gender

School Height Weight

Right Hander Left Hander QID

Mobile Email

Address

Fathers Name

Mobile Email

Mothers Name

Mobile Email

Guardians Name

Mobile Email

Program Beginner Intermediate Advanced Elite Personal
Location The Cambridge School, Mamoura
 American Academy School, Thumama

Sessions Per Week 2 3 4 5 6 7

Health Please provide any information regarding the health of the trainee/player, that the parents/players might want New Vision Badminton Sport coaches to be aware of:

Declaration I/we hereby agree to the terms and conditions.

- that I am the *student / *parent of the student / *guardian of the student;
- that I am enrolling/registering *myself / *my child / *charges for the training session (s) and I acknowledge that *my / *his/ *her their participation as students of the badminton training session (s) are voluntary;
- that I am fully knowledgeable as to the proper use of the facilities as well the trainees/players physical limitations;
- that I/we hereby unreservedly agree that I/we release and hold harmless New Vision Badminton Sport and their coaches, officials, directors, agents, representatives or employees and the management, from any injury, act, claim, or cause of action that may arise in any way relating to the training session (s) activities in general and/or the use of all equipment and amenities including being at the training venue (locations) or any part thereof provided including but not limited to illness, loss of life, personal injury, loss or damage to property.

Name
Relationship
Date
Signature

Documents Required of the Trainee/Player.
(Please enclose copy, attach, or submit the following documents)

- Passport size photo
- QID
- Medical Certificate