

STALLIONS

SPORTS ACADEMY

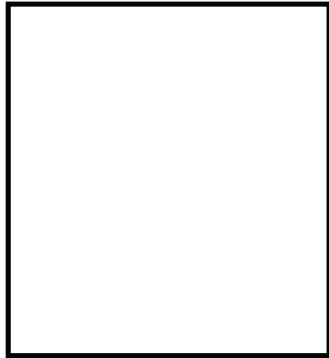
MOBILE : +974 3140 8994 / 6603 5569

EMAIL : admin@stallionsqatar.com / stallionsportsservicesqatar@gmail.com

Academy Location opposite Al Jazera Compound, Abu Hamour

Main Office : Floor No 6, Office No (608 G) Pearl Building, opposite Crown plaza, UMM GHUWAILINA

STUDENT REGISTRATION FORM

FIRST NAME	<input type="text"/>		
LAST NAME	<input type="text"/>		
AGE	<input type="text"/>		DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SCHOOL & GRADE	<input type="text"/>		
HOME ADDRESS	<input type="text"/>		
P.O.BOX	<input type="text"/>	PLAYER'S CPR/ID/PASSPORT NO <input type="text"/>	
CONTACT NUMBER	<input type="text"/>	EMERGENCY CONTACT <input type="text"/>	
EMAIL ADDRESS	<input type="text"/>		
PARENT'S MOB NO	<input type="text"/>	EMPLOYER <input type="text"/>	
OFFICE TEL NO	<input type="text"/>		

I hereby certify that the above information are true and correct. I have read, understood and to the terms and conditions mentioned below.

PARENT SIGNATURE	<input type="text"/>	CRP/ID/PASSPORT NO	<input type="text"/>
NAME	<input type="text"/>	DATE	<input type="text"/>

TERMS & CONDITIONS

- Playing sports naturally involves risk of injury to the player(s), whether he/she or someone else came the same. As such you understand and voluntarily accept the risk and agree that academy will not be liable for any injury, without limitation, personal, bodily or mental injury, loss or demag, death or disability resulting from negligence (the "academy") or anyone else using the facility.
- Players, parents, guardians and their guests agree that no claims will be made against the academy, the management or its staff for any reason whatsoever.
- By signing above the parent/ legal guardian confirms that they have the capacity and authority to sign on behalf of the player.
- By signing above the parent/legal guardian confirms that the player has no physical, mental condition preventing him participating in the above sports or related activities including physical fitness sessions.
- By signing above the parent/ ;egal guardian authorizes the academy staff to arrange to receive medical or surgical treatment as many deemed necessary in case of emergency and undertake to reimburse all the costs incurred by the acdemy.
- By signing above the parent/ legal guardian grants permission to the academy to take and publish photographs/ videos of the player in any and all academy publications for Lawful purpose including without limitation, publicity, illustration, advertising, and web content and social media.

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