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|  | **Winter Camp 2018 - Sign up now! Places are limited!*****December to January******WEEK Sunday 29th of December to Thursday 2nd of January*** |

***TIMES***

***Early Drop Off7.30am***

***Registration 8.15am***

***Finish Activities 12.30pm***

***Late Pick Up 1.30pm***

Please send your booking form at gymacademy\_doha@hotmail.com and you will be informed if your child has a place.

For more information go to **www.gymacademydoha.com**

**Booking form**

*Please mark with ‘X’ in the appropriate box or fill in your answer clearly in the blank space where indicated*. *This record is to be completed by parents/guardians in consultation with the child doctor if needed.*

*By completing this you agree with your child’s attendance and the participation in the Easter Camp All information are confidential –Please make sure all information are accurate and detailed.*

***Child Details***

|  |  |
| --- | --- |
| *Name* |  |
| *Age* |  |
| *School* |  |

***Contact Details***

|  |  |
| --- | --- |
| *Name* |  |
| *Phoneno.1* |  |
| *Phoneno.2* |  |
| *Email* |  |

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| --- |
| **Medical Problems that we should be aware of?**  |
| **Is your child taking any sort of medication or is under medical supervision?** |

***Age Group***

|  |  |
| --- | --- |
| ***AGE 4 – 7*****ACTIVITIES:** *Trampoline, Gymnastics, Zumba dance, Team Games, and much more* |  |
| ***AGE 8 – 13*****ACTIVITIES:** *Trampoline, Gymnastics, Zumba Dance, Team Games, Board Games.* |  |

Weekly bookings have priority.

10% discount for siblings.

A non-refundable deposit is requiring guaranteeing your place. You will be informed once you have been given a place.

|  |  |
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| **Daily QAR 160/per Day****Choose the dates** | **Full Week 750 Qar** |
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| **December-January** |
| **29th** |  |
| **30th** |  |
| **31st** |  |
| **1st** |  |
| **2nd** |  |

 | **Week29**th Decto 2nd January |   |
|  |   |
|  |

*Mark with* ***‘X’*** *in the appropriate box*

Early drop off QAR 15 per child

Late pick up    QAR 15 per child

If you need the early drop off or late pick up please let us know

Early Drop Off     Yes or No............................

Late pick up       Yes or No............................

*Fruit and Biscuits at the mid-morning break are included in the price.*

***Waiver form***

I, being the parent/guardian of the afore mentioned student. I acknowledge that the above information is factually correct. I therefore agree to them participating in all the activities of the gym academy held on the premises of DESS.

The undersigned expressly acknowledge that sport and similar activities involve risk of physical injury greater those encountered in daily life, and by participating in sports and other activities, members acknowledge and assume the risk inherent. GYMNASTICS ACADEMY accept no responsibility, and shall not to be liable, for any injury, illness, death, damage, loss, accident, expense, delay, or other irregularity resulting from a registered members‘ participation in any activity or use of any of the facilities at GYMNASTICS ACADEMY. In consideration of being permitted to enter and use the facilities at GYMNASTICS ACADEMY, the undersigned hereby releases add/or assigns for any and all damage, to property whether caused by the negligence of GYMNASTICS ACADEMY or otherwise while the registered member is in the facilities at GYMNASTICS ACADEMY. Additionally, the undersigned hereby authorizes GYMNASTICS ACADEMY to utilize members’ name and/or photographic or verbal representation by any media format (i.e. videotaping, audio tape, interviews, photographs, etc.) in the promotion of the programs of GYMNASTICS ACADEMY. Also, each registered member acknowledges the rules of participation and safety of GYMNASTICS ACADEMY and agrees to follow all such rules.

*I have read the rules and regulations and agree to abide by them.*

*Signature Date*