

REGISTRATION FORM

Please fill and fax to 04 3065063 or email to dorell@eim.ae

NAME IN FULL: _____

DATE OF BIRTH: _____

EMAIL: _____ MOBILE: _____

CAMP 1 : April 4-8 CAMP 2 : April 11-15

Please tick your choices

Signature of parent or guardian

Important: In signing the above, I understand that I have full responsibility for the health of my child/ward. I will not hold Dorell Sports, associated sponsors and venue responsible for any loss, damage or injury to the participant or his belongings or claim for any injury or impairment the participant may incur during the duration of the Easter Camps 2010.

Please tick your choices of the most preferred activities you would like to participate in. Please note this does not guarantee your child will be able to participate in the particular activity chosen. These activities are subject to change and are dependent on programme requirements and a satisfactory level of the participants. Dorell Sports Services reserves the right to make any necessary changes in the programme prior to commencement or during the camp.

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|--------------------------|----------|--------------------------|----------------|
| <input type="checkbox"/> | CLIMBING | <input type="checkbox"/> | FIT KIDS |
| <input type="checkbox"/> | SWIMMING | <input type="checkbox"/> | BEAUTY 4 GIRLS |
| <input type="checkbox"/> | SOCCER | <input type="checkbox"/> | ARTS & CRAFTS |
| <input type="checkbox"/> | TENNIS | <input type="checkbox"/> | KICK BOXING |