

**STUDENT**

Full name (\*) .....

Date of birth (\*) ..... Age (\*) .....

T-shirt size (\*) \_\_\_\_\_

**FATHER/MOTHER/GUARDIAN**

Full name (\*) .....

ID. no. .... e-mail (\*) .....

Cell phone (\*) .....

**PARENTS MEMBERSHIP**    YES    NO

Place & Postal Code.....

Contracted weeks: (from, to).....

With PRE CAMPUS (from 7:30 to 9:00)

With LUNCH .....

**ALLERGIES, DISEASES, MEDICATION, INJURIES to keep in mind:**

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.....  
.....  
.....

Parents or legal guardians will pick students up each day. If not, fill in the data of the authorized person.

Full name: .....

ID ..... Cell phone .....

**Interesting REMARKS:**

M./Mrs. \_\_\_\_\_, full of age, with ID no. \_\_\_\_\_

**I AUTHORIZE ARENA ALICANTE to be able to obtain images of my child during the summer sports school and that images can be exposed exclusively on the WEB and Social Networks of ARENA ALICANTE.**

**Date and signature:**

\_\_\_\_\_  
Alicante, \_\_\_\_\_ of 2019