

EASTER WEEK MULTISPORTS CAMPUS ARENA 2026



STUDENT

Full name (*)

Date of birth (*) Age (*)

FATHER/MOTHER/GUARDIAN

Full name (*)

ID. no. E-mail (*)

Cell phone (*)

Place & Postal Code

PARENTS MEMBERSHIP (*) ☐ YES ☐ NO

☐ **Single days** ☐ **Complete**

Contracted: (from, to)

☐ With PRE CAMPUS

☐ With LUNCH

ALLERGIES, DISEASES, MEDICATION, INJURIES AND REMARKS to keep in mind:

***If you want to go with a friend, write the child's name here. (only 1 child)**

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.....

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

Full name:

ID n°..... Cell phone

Interesting REMARKS:

By enrolling your child in the Summer Campus, you give ARENA ALICANTE the right to obtain images during the duration of the campus and for such images to be displayed, only and exclusively, on the ARENA WEBSITE and social networks.

If any participant does not wish to have their image used, they must communicate this in writing to the email address campus@arenaalicante.com

Date and signature: