



Mobile: (974) 31200011;  
 www.ScienceMadeFun-Qatar.net;  
[www.STEMxplorers.com](http://www.STEMxplorers.com)  
 summer@stemxplorers.com



## REGISTRATION FORM

Please submit the form complete & accurate for prompt processing. Must have Qatar ID when registering for office record purposes. **Note:** Each registration form is ONLY valid for 1 participant. Kindly complete a separate registration form for each participant.

### Member Information

Participant Name: \_\_\_\_\_ QID #: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Parent/Guardian/Emergency Contact Information

Full Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

### Medical – Health Questionnaire

1. Are there any medical reasons/conditions which might prevent participant from partaking in an exercise program?

Yes  No. If yes, please explain: \_\_\_\_\_

2. Does participant have any allergies?  Yes  No. If yes, please explain what causes have been identified with this/these allergy/ies: \_\_\_\_\_

3. Has participant had surgery in the last 12 months?  Yes  No. If yes, please explain: \_\_\_\_\_

4. Has participant broken any bones or suffered injury to bones in the last 12 months?  Yes  No. If yes, where and how did the break/injury occur? \_\_\_\_\_

5. Does participant have any breathing problems or shortness of breath (eg. Asthma, emphysema)?  Yes  No. If yes, please explain? \_\_\_\_\_

6. Does participant take any medications?  Yes  No  
 If yes, please name medication and condition taken for \_\_\_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE CONSULT A PHYSICIAN PRIOR TO PARTICIPATING IN ANY ACTIVITY**

I understand this Medical History Questionnaire serves as a preliminary screening resource to assist our professionals in the determination of member risk to exercise. If participant is at risk and has not received medical clearance, I understand they cannot engage in any exercise tests or receive recommendations from any staff member. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge participant has either had a physical examination and was given physician's permission to participate, or if I have chosen not to obtain a physician's permission prior to beginning this exercise program, I acknowledge I am doing so at my own risk. I agree that Bounce Fitness, Al Asmakh (AREDC) and Service Providers(STEM Xplorers) shall not be liable for any injuries or damages arising from the use of equipment or from exercising. If a member is under 18 years of age this consent must be signed by a Parent/Guardian.

Member/Guardian Signature: \_\_\_\_\_

### Release & Waiver of Liability



Mobile: (974) 31200011;  
 www.ScienceMadeFun-Qatar.net;  
[www.STEMxplorers.com](http://www.STEMxplorers.com)  
 summer@stemxplorers.com



I hereby certify that I or participants I have enrolled are in normal health and capable of full participation in these sports and activity programs. I understand that as unlikely as may be, some risks and hazards may be inherent from my or my child's participation in specific dynamic programs/activities and I agree to assume such risks. I hereby release Bounce Fitness, AREDC, AKG, service providers (STEM Xplorers), employees, instructors, trainers, volunteers and agents from any and all claims for injury, illness, death, loss or damage resulting from my or my child's participation in the offered sports/activity programs. This waiver is indefinite and applies to all Bounce Fitness related occasions, events, activities, and programs that I or my dependents participate in. I understand that it remains my responsibility to re-submit a medical health questionnaire for all participants should there be any future changes and I will explicitly notify the relevant parties of such changes. Where a member's participation / behavior becomes a risk to either themselves or others, the company reserves the right to remove said member and refund any unattended sessions from the point forth.

I hereby authorize Bounce Fitness, AREDC and service providers to obtain medical treatment for myself or my child in the event that I or other emergency contacts cannot be reached. I understand that Bounce Fitness, AREDC and service providers(STEM Xplorers) do not provide any accident or health insurance for its members and participants and I further understand that it is my responsibility to provide such coverage.

**I give permission for Bounce Fitness and service providers to take pictures/videos of my child or me to be used for marketing purposes. Kindly check box below should you or your child not wish to be in photos/videos – NOTE: Should you/your child choose not to be in photos/videos, please ensure you exercise caution during specific program periods such as ceremonies / examinations during which the company, fellow guardians/members etc are accustomed to take photos/videos. The company and its representatives remain available to assist in such cases by request.** I have read, understood and voluntarily signed this release & waiver of liability and I agree that no oral representatives, statements or other inducements to sign have been made apart from what is written on this form. Please be certain of package selection upon registration & payment as a 'no refund policy' is applicable, unless where overall program interruption occurs from Service Provider (STEM xplorers)/Company. Any class interruptions that occur from Service Provider(STEM xplorers)/Company will be compensated with a replacement class. Package & session validity/expiration as described on program & package flyer &/or as specified on receipt.

Member Name: \_\_\_\_\_

Member/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I / MY CHILD DO NOT WISH TO BE IN ANY PHOTOS/VIDEOS.**

**Sport/Activity Enrollment**

I/we wish to enroll in the following sport/activity: \_\_\_\_\_

Compound/Location: \_\_\_\_\_

Sale Code: \_\_\_\_\_ Program cost: \_\_\_\_\_

**PLEASE CALL +974 31200011 FOR REGISTRATION INQUIRIES, SUGGESTIONS OR CONCERNS/COMPLAINTS**

**For Office Use Only** \_\_\_\_\_

Payment by: Cash / Card / Cheque      Sibling discount: Yes / No (If yes, 10% discount applicable)

Registration Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount Paid: QAR \_\_\_\_\_

Sale Code: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Registered by: \_\_\_\_\_

Signature: \_\_\_\_\_ Qatar ID Copy on file: Yes