



# HOLIDAY CAMP



## Medical Release Form

*Parental Approval for Participation and Emergency Medical Authorization*

*I hereby certify that \_\_\_\_\_ has my approval to participate in the ACE Sports Academy Holiday Camp at Star International School (Mirdif) from 26<sup>th</sup> of March -6<sup>th</sup> of April 2017. I understand and agree that the Star International School and ACE Sports Academy and their employees assume no responsibility or liability for accident or injury as a result of any aspect of participation in the ACE Sports Academy Holiday Camp. However, I agree that first aid treatment may be carried out where necessary until definitive medical treatment can be assessed; noting that certain self-limiting illnesses or minor injuries may not require further medical care. I understand that participation in the ACE Sports Academy Holiday Camp creates the potential for receiving an injury. With the knowledge of the risk of injury, I am giving my son/daughter permission to participate, and accept full responsibility for this decision. I also authorize necessary medical treatment without further authorization from me. I understand that the medical expenses will be charged to my account and such a decision does not create any liability for injuries or damages to Star International School or ACE Sports Academy and their employees.*

Signature of Parent \_\_\_\_\_

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



## Excursion Slip

*Dear Parents / Guardians,*

*This is the permission slip for the weekly excursion trips planned for the Ace Sports Academy Camp from 26<sup>th</sup> of March -6<sup>th</sup> of April 2017. All trips will take place on Wednesdays or any other day of the designated week. If you would like to know more regarding the trips, please give us a call at 0554522066*

*Sincerely,*

*ACE Sports Academy Camp Staff*

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**No refund**