

# SUMMER CAMP 2021

**Child details (please use one form per child):**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_ female \_\_\_ male

School: \_\_\_\_\_

Medical conditions (including food allergies) \_\_\_\_\_

My child can swim 20 meters without support: YES  NO

**Parents details:**

Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Facebook Acct: \_\_\_\_\_ Instagram Acct: \_\_\_\_\_

Email Address (Capital Letters) \_\_\_\_\_

Alternative contact name and phone number- \_\_\_\_\_

Name of Person/s who will pick – up the camper:

1. \_\_\_\_\_ Contact No. \_\_\_\_\_

2. \_\_\_\_\_ Contact No. \_\_\_\_\_

Attendance: Kindly mark (  ) the required dates. **NO CAMP DURING PUBLIC HOLIDAYS**

**JULY 2021**

S	M	T	W	TH
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

**AUGUST 2021**

S	M	T	W	TH
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

Do you require transportation (AED180/week): NO  YES  Area: \_\_\_\_\_

I understand by signing that Ace sports Academy, their employees, venues or sponsors will not be held responsible for any injuries damage suffered on or off the field/courts, or while en route to or from games/practices affiliated with Ace Sports Academy programming, I shall be personally responsible for any and all medical and hospital fees and expense that may be incurred. I understand that NO supplemental insurance is offered from Ace Sports Academy, **I agree that ACE SPORTS ACADEMY management, staff, venue and sponsors are not responsible for any accident or any circumstances that may occur to my child if he/she was not picked up 15 minutes after the camp.** Ace Sports Academy has the right to take photographs/videos of the players and use this material for social media and advertising purposes.

Parent name -----Signature -----Date: -----

**PAYMENTS ARE STRICTLY NON-REFUNDABLE**



## **Medical Release / Liability Waiver Form**

### *Parental Approval for Participation and Emergency Medical Authorization*

I hereby certify that \_\_\_\_\_ has my approval to participate in the **ACE Sports Academy Summer Camp 2021 at Star International School (Mirdif) from July 4, 2021 - August 26, 2021**. 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.

I also acknowledge the contagious nature of COVID-19 and I voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the venue and that such exposure or infection may result in possible health problems. I understand that the risk of becoming exposed to or infected by COVID-19 at the venue may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the venue management company's employees, volunteers, and program participants and their families.

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 and risk of getting exposed to COVID-19. With the knowledge of the above risks, 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. I hereby release, covenant not to sue, discharge, and hold harmless the venue management company and their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

**Signature of Parent:** \_\_\_\_\_

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



## COVID-19 SELF DECLARATION FORM

1. Have you or an immediate family member travelled outside of the UAE in the past 14 days?

- Yes  
 No

If yes, did you do the COVID-19 test and what was the result: \_\_\_\_\_

2. Have you or an immediate family member come in close contact with people being infected, suspected or diagnosed with COVID-19 with the past 14 days? ("Close contact" means being at a distance of less than one meter for more than 15 minutes.)

- Yes  
 No

If yes, did you do the COVID-19 test and what was the result: \_\_\_\_\_

3. Have you or an immediate family member had or is currently having fever, cough, colds or any flu symptoms within the past 14 days?

- Yes  
 No

If yes, please indicate diagnosis or findings by the doctor here: \_\_\_\_\_

**This document will be retained confidentially by Ace Sports Academy. The health and wellbeing of our community is our first priority therefore Ace Sports reserves the right to deny entry to the campus. I hereby declare that the details above are true and correct to the best of my knowledge and belief, and I undertake the responsibility to inform you of any changes therein, immediately.**

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