



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 July 3 – August 25, 2016 . 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 July 3 – August 25, 2016. 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: _____

Child's Name: _____

No refunds