



WINTER 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**

DECEMBER 2021

S	M	T	W	TH
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

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 Winter Camp 2021 at Star International School (Mirdif) from December 12, 2021 - December 30, 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: _____