

# GAA SPRING BREAK TRIPS 2017/2018 REGISTRATION FORM

\_\_\_\_\_  
(Print Student's First Name)

\_\_\_\_\_  
(Print Student's Last Name)

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: *(please circle)* Male or Female

## Parent's / Guardian's Phone Number

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

Mobile: \_\_\_\_\_

## Emergency Contact Number

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

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

***Please note: Registration MUST include a colored photocopy of valid passport page(s), a colored copy of the residence visa and Emirates ID***

*Please select (circle) below the GAA Spring Break trip your child would like to attend for 2017/2018*

<b>Switzerland Grade 7-12</b>	<b>Poland Grade 10-12</b>	<b>Indonesia Grade 7-8</b>
<b>Borneo Island, Malaysia Grade 9-12</b>	<b>Nepal Grade 7-8</b>	

**Please Read and Sign on the Provided Space Below**

## STUDENT Section

I agree to abide by all school rules and regulations as outlined in the 'Secondary Handbook' and as required by the trip organizer/advisors.

Student's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name Printed \_\_\_\_\_

## PARENT/GUARDIAN Section

Parent's/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Parent Name \_\_\_\_\_

**INITIAL DEPOSIT WILL BE DUE NO LATER THAN November 2nd**

Please make payments to the Finance Department by way of **AED CASH** or **PERSONAL CHEQUE**

**ALL DEPOSITS AND PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

ACCOUNTS STAMP

Amount Paid: AED \_\_\_\_\_

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

# WAIVER FORM

Print Student Name: \_\_\_\_\_

I acknowledge and accept that my child’s participation in the trip/event is voluntary and all risks attendant to such a trip/event are freely and voluntarily assumed by my daughter/son/ward and me.

I have ensured that my daughter/son/ward understands that it remains important for his/her safety, and for the safety of the group, that they agree and follow all rules and instructions given by the trip/event teachers/organizers during the event.

I hereby agree not to hold the School or its teachers/staff/organizers or GEMS Education, Premier Schools International LLC, or their affiliates or any persons connected (“GEMS Group”) liable for any loss, claim, or expense including any claim involving personal injury to or death of my daughter/son/ward, unless directly and solely attributed to the willful default of any member of the GEMS Group.

I undertake to indemnify the School and the GEMS Group from and against any and all loss, claim, expense, or damage resulting from any negligent, wrongful, or reckless act of, or willful default by my daughter/son/ward, and to reimburse the School or any member of the GEMS Group on first written demand in respect of the same.

Finally, I agree that in relation to any legal action or proceedings arising out of or in connection with the trip/event, the governing law shall be the laws of United Arab Emirates and that the courts of the United Arab Emirates shall have exclusive jurisdiction to hear, try and finally dispose of the matter.

Dated this day of \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Witness Signature  
*(Must be 21 years of age or older)*

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Witness

# PARTICIPATION CONSENT/MEDICAL RELEASE

My son/daughter has my permission to participate in the GAA Spring Break Trips. In the event of an emergency, when immediate observation or treatment is deemed necessary in the judgment of the School authorities, I authorize the school to send my child or ward to the medical facility deemed (in the sole discretion of the School) to be the most reliable and readily accessible. I acknowledge and accept that whilst the School shall exercise reasonable diligence in selecting such facility, it does not assume any liability in respect of such selection or the treatment which my child or ward may receive at such facility, and recognize and agree that I shall be solely responsible for the costs of any transport or treatment which may be required, and I shall reimburse the School immediately on first written demand in respect of the same.

My daughter/son/ward has my permission to swim during the activities associated with GAA Spring Break Trip

I consider my child's swimming ability to be *(please circle one)*

**Good / Fair / Poor**

## **Health History: Yes or No (Please Circle)**

My student is susceptible to the following: *(Please circle Yes or No)*

Chronic/recurrent illness	Yes / No
Diabetic	Yes / No
Heat exhaustion/stroke	Yes / No
Dizziness/fainting/headaches	Yes / No
Seizures	Yes / No
Asthma	Yes / No
Heart problems	Yes / No
Liver problems	Yes / No
Bladder/kidney problems	Yes / No
Bone/joint injury	Yes / No
Allergies	Yes / No
Current Medications, list below	Yes / No
Wear Contact Lenses	Yes / No
Dietary Restrictions	Yes / No - <b>Description</b> _____
Severe Allergies	Yes / No - <b>Description</b> _____

**Summary: If "Yes" please explain:**

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## **Authorization for Medical Treatment:**

**Please note:** No student will be allowed to carry or administer their own medication without school authority approval. All required medication(s) provided by the parent/guardian, excluding inhalers, must be stored in the medical kit with the supervising teacher from GAA.

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**Parent/Guardian Signature**

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**Print Full Name of Parent/Guardian**

# TRAVEL ACCEPTANCE AND PERMISSION CONTRACT

When school groups travel within or out of the UAE, it is necessary for the safety and security of our students that certain guidelines be established and followed. Understanding this, we (parent and student) attest with our signature that we have read, understand, and will abide by the following:

1. I shall adhere to trip due dates, educational requirements and behavioral expectations while attending the **GAA Spring Break Trips**.
2. I shall honor all laws of the country or countries to be visited.
3. I shall not obtain, consume, or transport tobacco products, alcoholic beverages or controlled substances (drugs), or be present where such products, beverages or substances are present. Note that in many countries the penalties for use or possession of alcohol and drugs are severe and can include imprisonment and, in case of drugs, death.
4. I shall recognize the GAA faculty supervisor as the official representative of the School and accept his/her instructions to be those of the School.
5. I shall inform the GAA supervisor(s) as soon as possible of any problem or emergency.
6. I shall observe the School's curfew as set by the supervisor(s).
7. I shall abide by all the rules of conduct and dress required by the School and its supervisor(s).

## Parent/Guardian Permission

I hereby give my child ( \_\_\_\_\_ ) permission to attend the **Gems American**

**Academy Spring Break Trips** \_\_\_\_\_ *(Date)*

**Parent Name:** \_\_\_\_\_  
*(Please Print Clearly)*

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

