



## UAS Athletic Participation Consent/Medical Release

This form needs to be on file with the Athletic Director/Coach prior to the first competition date. **Please attach a copy of your health insurance card.**

<b>Last Name:</b>		<b>First Name:</b>	
<b>Birth Date:</b>	<b>Grade:</b>	<b>Sport(s):</b>	
<b>Nationality:</b>		<b>Passport #:</b>	<b>Passport Expiry Date:</b>
<b>Parent Name and Phone Number:</b>		<b>Parent Name and Phone Number:</b>	
<b>Parent E-mail Address:</b>		<b>Parent E-mail Address:</b>	
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone Number:</b>	

<b>Name of Insurance Company:</b>	
<b>Member Name:</b>	<b>Expiration Date:</b>
<b>Is the student allergic to medicine? Specify.</b>	<b>Other allergies/information</b>
<b>Hospital of Choice:</b>	<b>Family physician in Dubai – Name &amp; Number</b>

The above named student has my permission to participate in UAS athletics and any resulting trips. I declare that my child is physically fit and able to participate fully in the activity or sport. I authorize the coach of the team concerned, in case of injury or accident and in the event of being unable to contact me take my child to any medical or dental examination as is necessary, and if, in the judgment of the medical staff treatment is required, I authorize the coach to consent to this treatment. I agree to pay all costs, charges, expenses incurrent in the relationship to providing this medical care and release the Universal American School Dubai and its representatives from responsibility for all costs on my behalf.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*Please submit completed form to the Athletic Director/Coach\*\***