**Parents’ Undertaking IAA Summer Camp 2025**

**I understand that:**

a. The fees involved are as follows:

* **Summer Camp fees:** 450 JD
* **Transportation fees:** 125 JD (optional)

b. Summer Camp fees are **non-refundable** and **non-transferable**.

c. My child(ren) shall attend the Summer Camp regularly. Arrangements for transportation will be made at appropriate times, i.e., **by 10:00 AM but not earlier than 9:30 AM** and **within ten minutes of the end of my child’s day (2:30 PM)**.

d. In the event of absence due to illness or any other reason, I will provide my child(ren)’s coach with either a **written explanation** or a **phone message**.

e. The Summer Camp Director retains the right to exclude a child from attending the Summer Camp at any time and will always provide a written explanation for doing so.

f. The liability of **IAA Summer Camp** is limited to the amounts recoverable under the insurance program arranged in accordance with **Jordanian law**.

g. The **IAA Summer Camp** is subject to and limited by **Jordanian law**, and **the Jordanian courts alone** shall have jurisdiction over any issues related to or arising between me and the IAA Summer Camp Organizers and/or Sponsors.

I allow my son/daughter to be photographed while participating in various sports activities during the Summer Camp. These photos may be displayed on the camp’s website.
☐ **If you do not approve, please indicate your disapproval by checking this box.**

I understand and agree to the above conditions.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature of Parent(s) or Guardian**

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

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

**Names and ages of child(ren) attending:**