



JUNIORS : ARRIVAL/DEPARTURE DETAILS

This completed document must be returned to us by e-mail or fax with a legible double sided copy of the student's father, mother or legal guardian Passport or ID Card.

DESTINATION : ANTIBES HYERES/PROVENCE CANNES BIARRITZ

SURNAME : _____ FIRST NAME : _____

BIRTH DATE : ____ / ____ / ____

ARRIVAL DATE : ____ / ____ / ____

DEPARTURE DATE : ____ / ____ / ____

ARRIVAL TIME : _____ DEPARTURE TIME : _____

TRAIN N° / STATION : _____ TRAIN N° / STATION : _____

FLIGHT N° / AIRPORT : _____ FLIGHT N° / AIRPORT : _____



JUNIORS : GOING OUT PERMISSION FORM

The "EVENING GOING OUT PERMISSION" conditions depend on your child age and the type of the accommodation (campus, residence or host family).

! All 14-17 y.o. students are authorized to go out unaccompanied in the daytime until 7:30

FOR JUNIORS ACCOMMODATED ON CAMPUS / IN RESIDENCE

- 14-15 years old NO EVENING PERMISSION from 7:30 pm*
- 16-17 years old Option 1: NO EVENING PERMISSION from 7:30 pm*
- Option 2: EVENING PERMISSION
- 1 evening (Tuesday or Wednesday**) till 11:00 pm
- Fridays, Saturdays, and days prior to a bank holiday till 01:00 am

I, the undersigned (Surname, First name) _____ am the father / mother / legal guardian (please circle) of the forenamed child authorize my child (surname, name) to go out unaccompanied in the daytime until 7:30 pm. I accept that my 14-15 y.o. child isn't allowed to go out after 7.30 pm or I advise that for my 16-17 y.o. child the following option has been selected (*Please choose your option and rewrite this sentence by hand*).

FOR JUNIORS ACCOMMODATED IN A HOST FAMILY:

- 14-15 years old NO EVENING PERMISSION from 7:30 pm*
- Except on Monday for the barbecue party till 11:00 pm
- Except on Friday for the mandatory accompanied evening party till 11:00 pm
- 16-17 years old MANDATORY EVENING PERMISSION
- 2 evenings (Monday & Wednesday or Monday & Tuesday**) till 11:00 pm
- Fridays, Saturdays, and days prior to a bank holiday till 01:00 am

I, the undersigned (Surname, First name) _____ am the father / mother / legal guardian (please circle) of the forenamed child authorize my child (surname, name) to go out unaccompanied in the daytime until 7:30 pm and accept the mentioned above going-out permission conditions (*Please rewrite this sentence by hand*).

*Unless accompanied by our group leaders / ** The day depends on the campus

Date : _____ Signature (mandatory) : _____



JUNIORS : HEALTH FORM

DESTINATION :

ANTIBES

HYERES/PROVENCE

CANNES

BIARRITZ

SURNAME : _____ FIRST NAME : _____

I confirm that my child meets the obligatory legal conditions concerning vaccinations (DTP (Polio) and BCG).
I confirm that my child (if he/she is of European origin) has got the European Health Insurance Card.

My child does not have a problem regarding group life, sport activities and particularly the "sailing" activity.
My child does not require medical treatment during his stay with your organization (if yes, please attach a recent prescription and the corresponding medicines for the time of your child's arrival).



Allergies: Asthma: yes no Other: _____

We can only accept students capable of managing their allergy independently and accept no responsibility with regards to allergic reactions.

If your child suffers from a severe allergy, but you nevertheless wish to send him/her to stay with us, **please rewrite the following statement by hand:**

"I, the undersigned (surname, first name) discharge the CIA / Atoll Juniors of any and all responsibilities concerning the allergies of my child (surname, first name)."

Date : _____ Signature (mandatory) : _____

Child's medical history and other information (operations, accidents, illnesses, etc.) To be filled in if necessary.



Level of swimming : Doesn't know how to swim Beginner Intermediate Advanced

Supplementary leisure activities available at **KIOSK** : scuba diving, water skiing, bike hire...

Yes, I authorize my child to participate in these external activities not supervised by the **Centre International d'Antibes or Atoll Juniors staff** but suggested by local professionals and under their responsibility.



In case of hospitalisation:

«I authorize the legal representative of CIA or Atoll Juniors to take all necessary decisions (medical treatments, hospitalisation, surgery) regarding my child (surname, name) in respect of the medical report and will reimburse all medical expenses that could possible be engaged by CIA for my child. »

Parent or Legal Guardian : Surname _____ Name _____
Date of birth _____ Telephone number : _____

I declare that to the best of my knowledge all of the information given above (P.13-14) is correct.

Date : _____ Signature (mandatory) : _____

JUNIORS : MODEL RELEASE

I, the undersigned (Surname, First name) _____ am the father / mother / legal guardian (please circle) of the forenamed child, hereby **give the permission to use the images or movie clips with my child** in our marketing media (internet, brochures, CD) for the purpose of travel related advertisement.

Date : _____ Signature (mandatory) : _____