

CAP GIRONDINS CAMP 2010 COURSE REGISTRATION FORM

Select your camp:

Camp 1 : February 14 to February 20 <input type="radio"/>	Camp 2 : February 21 to February 27 <input type="radio"/>
Camp 3 : February 28 to March 6 <input type="radio"/>	Camp 4 : April 11 to April 17 <input type="radio"/>
Camp 5 : April 18 to April 24 <input type="radio"/>	Camp 6 : April 25 to May 1 <input type="radio"/>
Camp 7 : June 27 to July 3 <input type="radio"/>	Camp 8 : July 4 to July 10 <input type="radio"/>
Camp 9 : July 11 to July 17 <input type="radio"/>	Camp 10 : July 18 to July 24 <input type="radio"/>
Camp 11 : July 25 to July 31 <input type="radio"/>	Camp 12 : August 1 to August 7 <input type="radio"/>
Camp 13 : August 8 to August 14 <input type="radio"/>	Camp 14 : August 15 to August 21 <input type="radio"/>
Camp 15 : August 22 to August 28 <input type="radio"/>	

First and Last Name of Participant: _____ DAY CAMP ONLY

Date and Place of Birth:	Age:	Soccer Club:
Address:	Zip Code:	
City, State:	Country:	
Tel Number:	Person and Telephone number to contact in case of emergency:	
Email address:	Cellular Number:	

Does the participant have any special dietary requirements, if yes, please provide:

Does the participant take medication on a regular basis, if yes, provide details here attaching additional page if needed:

Does the participant currently have any serious illness or has had any in the past which may affect their participation in this Sports Camp, if yes, provide details here attaching an additional page if needed:

Please give contact details of the participant's local Doctor/ General Practitioner:

This Sports Camp has vigorous exercise each day. The participant has received the required medical clearance for full participation in all events: YES NO

Field Positions and Level: Striker Midfielder Defender Goalkeeper
 Beginner Good Advanced National

Course: 7 day residential (Sunday - Saturday) 14 day residential (Sunday - Saturday)
Services: Roundtrip Airport Transfer I would like to be with:
 Arrival/departure directly to the camp by Car

Arrival Airport, Airline and Flight number: _____ Departure Airport, Airline and Flight number: _____

Flight Arrival date and time: _____ Flight Departure date and time: _____

The above information is correct. All fees and charges will be paid on or before the date on which they are due. I hereby give permission for the above participant to fully participate in the full range of sporting and social activities and also authorize the camp to take all necessary emergency measures in case of accident or incident that necessitate hospitalization or chirurgical intervention (which I will be financially responsible for) and release the camp of all Liability / responsibility. I give permission for the camp to use, eventually and for professional purpose only, pictures photos taken during the camp. I authorize the camp (if needed or requested) to drive my child to and from the airport/train station to the camp or for other camp related activities and release the camp of all liability and responsibility. I will provide a medical certificate when arriving at the camp. I have read the Terms and Conditions and agree to the contents.

Printed Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

Date: _____

These terms and conditions are issued by Cap Girondins. By your completion and submittal of registration forms, you agree and acknowledge that you are over 18 years of age and that you have read and agree to the terms and conditions, including the Privacy Policy, of Soccer Camps International as provided, and as updated from time to time, on www.soccercampsinternational.com website and which includes that **SOCCER CAMPS INTERNATIONAL HAS NO AUTHORITY OR CONTROL OVER THE OPERATION AND/OR RULES OF THE CAMP.**



SOCCER CAMPS INTERNATIONAL CARDHOLDER CHARGE AUTHORIZATION FORM

Payment of fees for: _____
Name of Participant(s)

Name of Sports Camp: _____ Date of Attendance: _____

This letter shall serve as authorization for **SOCCER CAMPS INTERNATIONAL**, 3790 El Camino Real, PMB 2018, Palo Alto, CA 94306, USA, to charge the following amount(s):

Reservation Deposit Fee of US \$ 500 (per week reserved) X ____ for a total of US \$ _____
and authorized for further charge, prior to Date of Attendance mentioned above, the Camp Fee Remaining Balance of US \$ _____

(For programs which begin in June/July 2010, your final payment will be automatically debited on April 30, 2010. For programs which begin in August 2010, your final payment will be automatically debited on May 31, 2010)

Payment in Full of US \$ _____

to my:

Visa MasterCard American Express Discover

Card #: _____ Expiration Date (mm/yyyy): _____

Security Code: _____

(The non-embossed 3 numbers on the back of your Visa or MasterCard or the 4 numbers on the front of Amex card.)

Cardholder Name: _____

Billing Address: _____

Telephone: _____ FAX: _____ Email: _____

By my signature below, I certify that I am over 18 years of age and that I am the parent or legal guardian of the camp participant and that I have read, understood, and agree to the terms and conditions on Soccer Camps International website and for the applicable camp. I agree to the above charges and agree not to 'chargeback' such charges authorized or in any way cause a delay in the payment from the credit card company to Soccer Camps International. Please note, as per the terms and conditions provided on Soccer Camps International website, in the event that your 'camper/child' requires urgent medical care, as determined by the specific 'Sports Camp', your credit card may be charged the cost of such care/treatment, or to pay for any damages to 'Sports Camp' property caused by your camper/child, or with your prior written approval (your email may serve as such) pay for additional classes, offerings or services.

All fees to be in US Dollars.

Cardholder Signature: _____ Date: _____

CAP GIRONDINS SOCCER CAMP

Terms and conditions

Cap Girondins Camp **strongly** recommends the purchase of insurance coverage for travel and related travel costs, cancellation, medical, and personal property for all travelers from a broker of **your** choice.

This Soccer Program is only designed for those who are licensed in a soccer club.
(Mandatory: after you registered for this camp, you will need to send a copy of the participant 2009/2010 soccer club membership/license)

1. Cancellation for Convenience by You

Should you cancel your reservation fifteen (15) days or more prior to your reserved 'Date of Attendance', you shall be entitled to a refund of fifty percent (50%) of the amount already paid by you. Should you cancel your reservation between fourteen (14) days and eight (8) days prior to your 'Date of Attendance', you shall be entitled to a refund of twenty five percent (25%) of the amount already paid by you. Should you cancel your reservation less than seven (7) days prior to your 'Date of Attendance', you shall not be entitled to any refund of monies already paid. In case of cancellation for medical reason (with doctor medical report provided mentioning the participant cannot participate in any sports activities at the camp for the dates reserved), you shall be entitled to a full refund less a \$150 administrative fee. All injuries or sickness happening to the participant during the camp leading to the withdrawal of the participant from the camp will entitle the participant to a prorated refund minus an administrative fee of \$150. All voluntary withdrawal from the camp will not incur any refund at all. Cancellation of your reservation shall be written and shall provide the name of the participant as recorded on the Registration Form.

2. Force Majeure Event

Either party may cancel the reservation due to a Force Majeure Event which shall include circumstances beyond the control of either party, including but not limited to: war, threat of war, political crisis, civil commotion or strife, terrorist activity, strike or industrial action, natural disaster, fire and technical problems due to closure of airports or other transport problems making it impossible or unreasonable to travel. Physical injury of participant prior to date of attendance is not a force majeure event but one reason why we urge you to obtain insurance coverage.

3. Participant Exclusion

Cap Girondins Camp reserve the right to exclude or refuse any person at any time to any course or activity if, in the opinion of Cap Girondins Camp, that person is not compatible with the general enjoyment or well being of other client (e.g.: bullying, theft, verbal or physical violence). In this case, no refund will be given for any unexpired portion of the activity, course or tour. All expenses for this exclusion will be the responsibility of the parent's participant. In all cases, the first sanction applied will be an immediate suspension from sporting activities.

4. Property Damages

Cap Girondins Camp will vehemently pursue any student damaging or defacing property while at the Camp and strong action will be taken against such students. Payments will be sought in full from any such student BEFORE departure to repair such damage. Cap Girondins Camp reserve the right to expel any student from its centers if there is willful damage to property.

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5. Admission Age Requirements

Cap Girondins Camp is for 7 to 16 years old boys only.

6. Forbidden Items

Alcohol and tobacco are totally forbidden during the camp.

7. Pocket Money

Money could be given to the camp director or your group leader on arrival. At the end of the camp, money left over will be given back to the participant. Money can be used to buy soft drinks.

8. Medical Expenses and Information

All medical expenses incurred by the participant will be charged to the parent's credit card on file. Medical receipt will be given to the participant when he leaves the camp. If a participant is under medical treatment during the camp, it is mandatory to send with your registration a copy of the treatment being followed by the participant. If the participant takes special medications, he must give them to the educators. It is mandatory to mention all allergies on the Registration form.

9. Clothing and Equipment

All participant clothing and equipment must be marked with the participant name. Only soccer shoes with molded cleats are allowed.

10. Loss and Theft

During the camp, each participant is responsible for his own personal clothes and equipment. Cap Girondins Camp declines all responsibilities in case of theft or loss.

11. Valuable Objects

It is strongly recommended not to bring valuables like jewelry, walkmans, Ipods, electronic games, cameras, cellular telephones, computer laptops, team's jerseys etc.

12. Participant Leaving Premises

It is forbidden to leave the camp perimeter at all times.

THE CAMP IS TAUGHT IN FRENCH ONLY, SOME COACHES SPEAK SOME ENGLISH BUT FRENCH LANGUAGE KNOWLEDGE IS RECOMMENDED.

MANDATORY: You need to mail to the camp the following items at least one month before your camp starts:

- Copy of the participant 2009/2010 soccer club membership
- A picture ID
- A copy of your insurance card

**Address to mail these items to: Cap Girondins
Rue Joliot Curie
33187 Le Haillan Cedex, France**

MANDATORY FRENCH LAW REQUIREMENT FOR SPORTS CAMPS IN FRANCE:
THE CAMP REQUIRES, ON THE FIRST DAY OF THE CAMP, A DOCTOR'S MEDICAL CERTIFICATE (LESS THAN 15 DAYS OLD BEFORE CAMP START DATE) ATTESTING THAT THE PARTICIPANT IS PHYSICALLY ABLE TO PARTICIPATE FULLY IN ALL SPORTS ACTIVITIES DURING THE CAMP.

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CAP GIRONDINS SOCCER CAMP
MEDICAL CERTIFICATE AND NON CONTAGIOUS CERTIFICATE

This certificate must be signed and filled out by your doctor less than 15 days before the camp starts and brought on the first day of camp

Camper Name: _____ Camp dates: _____

Camper First Name: _____ Birth Date: _____

Camper Height: _____ Enuresis: YES NO

Camper Weight: _____ Wear Glasses: YES NO

Surgeries:

Knows how to swim: YES NO Authorized to swim: YES NO

Vaccinations:

Allergies:

Immunization records Dates:

Poliomyelitis: _____ Diphtheria: _____ Tetanus: _____

Small Pox: _____ Tuberculosis: _____

Did your son/daughter had the following:

Measles: Yes No Angina: Yes No Scarlet Fever: Yes No

Chickenpox: Yes No Whooping cough: Yes No Mumps: Yes No

Ear infection: Yes No Asthma: Yes No

Is the child following a special medical treatment: Yes No

If YES, please describe:

Special Food Diet: None: Yes No Vegetarian: Yes No No Pork: Yes No

No Sugar: Yes No No Salt: Yes No Other: _____

Special Instructions or Conditions:

I, Doctor _____, certify that all above information are true and exact; and that the child _____ does not present any medical conditions that can prevent him/her from playing all sports activities and social activities during the Sport Camp; and that the child is free of contagious or transmittable diseases.

City

Date

Doctor Signature and Stamp

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