

2010 MANCHESTER UNITED SOCCER SCHOOLS WITH ENGLISH CLASSES

One form for each individual participant must be completed, **choose your session:**

2 weeks Session 1: Sunday July 4 to Saturday July 17 <input type="radio"/> (English Classes included)	
2 weeks Session 2: Sunday July 18 to Saturday July 31 <input type="radio"/> (English Classes included)	
2 weeks Session 3: Sunday August 1 to Saturday August 14 <input type="radio"/> (English Classes included)	
Last name of participant:	First name of participant:
Date of birth:	Age of participant: <input type="radio"/> Male
Nationality:	Primary Language Spoken:
Father's name:	Mother's name:
Home phone number:	Home phone number:
Work phone number:	Work phone number:
Address:	Address:
Email address:	Email address:
Person to contact in case of emergency:	Emergency Telephone Number:
How did you hear about MUSS Camp: <input type="radio"/> Existing Customer <input type="radio"/> Friend <input type="radio"/> Internet <input type="radio"/> Media Coverage <input type="radio"/> Convention	
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:	
Field Positions: <input type="radio"/> Striker <input type="radio"/> Midfielder <input type="radio"/> Defender <input type="radio"/> Goalkeeper	Airport Transfer: <input type="radio"/> YES <input type="radio"/> NO
Arrival airport, airline and flight number:	Departure airport, airline and flight number:
Date and Time of Arrival:	Date and Time of Departure:
What is participant's level of spoken English: <input type="radio"/> None <input type="radio"/> Basic <input type="radio"/> Conversational <input type="radio"/> Good <input type="radio"/> Excellent	
This Sports Camp has vigorous exercise each day. The participant has received the required medical clearance for full participation in all events and can sustain at least 3 hours exercise per day: <input type="radio"/> YES <input type="radio"/> NO	
Declaration of both parents / guardians or sponsors We apply to enroll _____ (participant name) and agreed that he/she will adhere strictly to the rules and regulations governing the conduct of the students on an MUSS course. We undertake to pay all fees and charges on or before the date on which they are due and hereby give permission for the students to participate fully in a full range of sporting and social activity. We have read the CMT Learning Ltd. Terms and Conditions and agree to the contents. In addition we agree for medical personnel specified by CMT Learning Ltd. to administer injections and medicines should the need arise. Please note all medication must be deposited with MUSS welfare officer on arrival.	
Both parents/guardians/sponsors should sign	
Signature of Parent or Guardian:	Signature of Parent or Guardian:
Name in full:	Name in full:
Date:	Date:

These terms and conditions are issued by CMT Learning Ltd. 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 \$ 1,000 (per session 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: _____



Terms & Conditions

Payment

1. All bookings must be accompanied by the relevant fee. Payment in full **MUST** be received prior to the attendance of any course.
2. No refund can be given for cancellations received less than 6 weeks prior to the start date of the relevant course. For cancellations made prior to this date, you will lose your non-refundable deposit. However, please note that a booking can be transferred to another person free of charge.
3. In the unlikely event of your course being cancelled by CMT Learning Ltd, you will receive a full refund of fees paid.
4. Airport transfers will be charged to you. CMT Learning Ltd requires your child's flight details at least four weeks before the start of the course. In the absence of such details, CMT Learning Ltd cannot confirm the airport transfers. If CMT Learning Ltd does not receive these details at least 4 weeks before the start of any course, we may have to increase the airport transfer charge.
5. These prices do **NOT** include any changes made by airlines for unaccompanied minors which should be paid locally when the flights are booked.

Liability

1. You must ensure that the participant is physically fit and able to participate in sporting activities and excursions included in the programme - and accordingly you accept all risks resulting from participating on the course.
2. CMT Learning Ltd may require additional information depending on the medical information supplied to them by you before we can accept the booking.
3. In the event that the participant needs medical attention during any course then you agree to CMT Learning Ltd arranging for any appropriate and necessary treatment.
4. CMT Learning Ltd does not accept responsibility for any death, personal injury or loss of or damage to property save to the extent that it results from CMT Learning Ltd negligence. CMT Learning Ltd recommends you take out travel and personal possessions insurance for CMT Learning Ltd residential courses.
5. The cost of any damage caused by you or any participant you have booked on the course to any property or facilities will be passed on to you.

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6. A £30 cash deposit will be required on check-in. This will be returned to the participant on departure providing there is no damage to their accommodation.

General

1. In the event that your child needs medical attention during any course they will be treated by a qualified emergency first aid coach.
2. CMT Learning Ltd treats as a priority the safety and wellbeing of all children attending CMT Learning Ltd courses. CMT Learning Ltd therefore reserve the right to remove from CMT Learning Ltd courses without refund, any child who is found bullying, behaving in a way that may be a danger to others or who is generally disruptive.
3. Places on all courses are limited. They will be allocated on a first come, first served basis.
4. An acknowledgment email will be sent out on receipt of deposit/full payment. CMT Learning Ltd reserves the right to request additional information depending on the medical information supplied to CMT Learning Ltd by you.
5. All courses, activities, venues and travel arrangements are subject to change according to weather, programming and a satisfactory level of numbers. CMT Learning Ltd reserves the right to cancel any courses and/or to change any information given, should this be necessary for any reason.
6. Manchester United players do not attend the Soccer Schools.
7. You agree to grant to Manchester United Soccer Schools (part of Manchester United Merchandising Ltd) the worldwide right in perpetuity, without approval or compensation, to use the participants' name, photographic or video image or likeness for Manchester United Soccer Schools purposes.
8. If there is any conflict between these terms and conditions and the application form, these terms and conditions will prevail.



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Consent Form 2010

This form must be returned to us as soon as possible after making your booking.
It can be emailed, posted or faxed to 00 44 (0) 1823 338266

1. Travel by road: Do you consent to CMT Learning driving your child in an emergency, e.g. to a doctor or hospital?

YES/NO

2. Excursions (if booking is for two weeks or more): do you consent to CMT Learning taking your child on organised excursions during their stay?

YES/NO

3. Swimming: Do you consent to your child taking part in recreational swimming?

YES/NO

4. Dental and Medical Treatment: Do you consent to your child receiving treatment in a medical or dental emergency?

YES/NO

5. Medication: Do you consent to Matron giving your child pain killers (e.g.Paracetamol) for headaches, period pains or muscular strains?

YES/NO

6. Special Needs: Please tell us if your child has any of the following we should know about:

YES/NO

Prescribed Medication _____

Special diet _____

Allergies _____

Other (attach extra page if necessary) _____

7. Date of last Tetanus Injection if known _____

SignedDate.....

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During CMT Learning & Manchester United Soccer Schools, there is a possibility of media coverage such as photographers, reporters, TV/film crews etc. It is a legal requirement for us to obtain permission for the participant(s) to be filmed or photographed at any time during the event . There is also a possibility they may be interviewed. CMT Learning use a lot of photographs to publicise future events in CMT Learning publications, and on the CMT Learning website. If you do not wish your child to be photographed, filmed or interviewed please contact the CMT Learning Head Office or Soccer Camps International immediately and we will ensure your wishes are adhered to.

Thank you for your help in this matter.

Kind regards

CMT Learning Limited

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