



AC MILAN ACADEMY – MILAN JUNIOR CAMP 2012

SURNAME and NAME: _____
 Street _____
 Town _____ Country _____
 Date and place of birth _____
 Tel.no. _____ Emergency tel. no. _____
 Fax: _____ Email boy: _____
 Email parents: _____
 Height (cm) _____ Weight (kg) _____
 Role (IMPORTANT: specify if goalkeeper) _____

selected camp formula (mark with an X) DAY ___ RESIDENTIAL ___

I am aware that the team composition and the room accommodation are subject to the availability and to the criteria of the Camp Managing operator, if possible I would like to be in the room with:

1. _____ 2. _____

SELECTED WEEK (Circle):

Cortina d’Ampezzo: 17-23 Jun 24-30 Jun 1-7 Jul 8-14 Jul

Jesolo Lido: 15-21 Jul 22-28 Jul

Cavalse (Val di Fiemme – Trento): 24-30 Jun

Asiago Mountain Plateau - Gallio: ; 1-7 Jul 8-14 Jul

Vittorio Veneto: 22-28 Jul

Lignano Sabbiadoro: 29 Jul – 4 Aug

A. ORGANIZATION The Milan Junior Camp of Cortina d’Ampezzo (BL), Jesolo Lido (VE), Cavalese (Trento), Asiago Mountain Plateau - Gallio (VI), Vittorio Veneto (TV) and Lignano Sabbiadoro (UD) are organised by Sporeventi

B. MILAN JUNIOR CAMP – RESIDENTIAL formula. It is the typical camp, with hotel stay for the participants. The subscription cost of the week rotation period of the Milan Junior Camp is inclusive of full board and lodging in hotel, from Sunday afternoon (2.00 pm) to Saturday afternoon (2.00 pm), sports kit marked Adidas-AC Milan Academy-Fly Emirates, daily washing of (only) the AC Milan Training T-shirts, shorts and socks (no underwear), souvenir-photo card, transportation by private coach to and from the football pitch, plus a weekly accident insurance. Prices are all inclusive except for telephone calls and drinks.

C. MILAN JUNIOR CAMP – DAY formula. These are the Milan Junior Camp without staying overnight, envisaged for those who can reach easily the site of the Camp every day. The subscription cost of the week rotation period of the Milan Junior Camp is inclusive of lunches (no breakfasts and dinners), sports kit marked Adidas-AC Milan Academy-Fly Emirates, daily washing of (only) the AC Milan Training T-shirts, shorts and socks (no underwear), souvenir-photo card, transportation by private coach to and from the football pitch, plus a weekly accident insurance. Prices are all inclusive except for telephone calls and drinks.

D. STARTING TIME OF THE CAMP. The applicants can in no case be received by Sporeventi staff prior to the Camp starting time (which is 2 pm Sunday); parents and/or accompanying persons will have to look after their children (including supervision and lunch) until the actual start time of the Camp, even if they arrive at the hotel on Sunday morning.

These terms and conditions are issued by Sporeventi / Milan Junior Camp. By your completion and submittal of registration forms, you agree and acknowledge that you are over 18 years of age and that that you have read and agree to the terms and conditions, including the Privacy Policy, of Internet Sports Travel, Inc. as provided, and as updated from time to time, on www.internetsportstravel.com website and which includes that **INTERNET SPORTS TRAVEL HAS NO AUTHORITY OR CONTROL OVER THE OPERATION AND/OR RULES OF THE CAMP.**

E. **CANCELLATION POLICY.** With cancellation more than 30 days before camp start, there is a full refund minus Soccer Camps International administration fee of US\$150 only if notified in writing by email. Less than 30 days prior to camp start, there will be a full refund minus US\$500 per one week stay. No refund will be granted once the camp session as started.

F. **HEALTH CERTIFICATE.** Please provide together with this application-form a medical certificate stating your good health conditions not older than one year before camp starting date. Nobody will be admitted to the camp without the Health Certificate or with a wrong one.

G. **RELIEF FROM RESPONSIBILITY.** I the undersigned _____ parent of _____ who is a minor, under my personal responsibility declare to relieve SPORTEVENTI and all its staff and/or appointed person, from any responsibility for damages occurred to my son . In particular the undersigned _____ relieve SPORTEVENTI from all liabilities due to damages of the psychological/physical injuries that his son should suffer during the sport camp as well as of any other possible damage of whatever nature that could occur during said stage. I furthermore declare to relieve SPORTEVENTI and any member of its staff or appointed person from any responsibility for damages that the boy should cause during the camp of the Milan Camp. In any case should damages occur to premises and hotel equipment they will be charged to the student who will be found responsible for them.

H. **EXPRESS CANCELLATION CLAUSE:** In the event that during the time at the CAMP as well as during the stay in the hotel, the registrant's behavior breaks in any way the normal rules of civil cohabitation or are against the rules given by the guides/trainers, then said registrant may be removed from the CAMP and this contract will be considered legally cancelled therefore SPORTEVENTI will be allowed to retain all amounts received by it and to legally demand compensation.

I. **SPORTEVENTI MEMBERSHIP.** This also represent the application form for the Sporteventi membership. In case of acceptance of your application the membership fee of 10,00 euro is included in the fee of the points B. and C. herewith.

J. **DISPUTES' COURT:** Should any dispute arise the competent Court will be that of Treviso any other courts excluded.

PS: Sporteventi provides for two kinds of insurances for the protection of the camp attendants:

1. Civil Responsibility Insurance (civil liabilities) with a maximum cover of 2.500.000 euro.
2. Individual Insurance for accidents covering a maximum of medical expenses equal to 2.000 euro (teeth max. 700 euro).

Conditions for the Individual Insurance covering Accidents: the insurance will reimburse up to the amount corresponding to the insured amount for the expenses as prescribed by the general practitioner, as effectively paid and demonstrated with original copies (invoices and/or receipts) for: practitioner visits, exams and lab analysis, hospital fees, medicines (up to 100 per accident) and physiotherapy / re-educational treatments (these with uncovered 20%) The reimbursement will take place once the clinical recovery is completed and following the filing of the justifiable documents. The payment of the insurance claim will be paid after the deduction of 150 euro (a 150 euro deductible).

Sporteventi will carry on the insurance procedure, then the parents and them alone will be always in contact directly with the insurance companies.

The Individual Insurance for accidents is quite effective for the Italian participants who are also covered by the National Health system of Italy. Therefore we suggest especially to the participants outside Italy, to provide for an insurance covering risks of accidents, illnesses and hospitalization during their staying in Italy

Signature of the parent or guardian _____
According to art. 1341 of the C.C. I approve what stated at points A,B,C,D,E,F,G,H,I,J

Signature of the parent or guardian _____

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INFORMED CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

Briefing of art. 13 on Data Protection of Law Decree 196/2003

Name and Surname of the camper

Milan Junior Camp to be held in.....*

Managing Agent: ASD Sporteventi.

I hereby agree that my own and my son/s personal information will be disclosed, manually and/or in an automatic way by the Managing Agent of the Milan Junior Camp, as specified in the inscription, and by Milan Entertainment srl having registered office in Milan, via Turati, 3, co-proprietor of this consent, for the purpose of completion of the contract, in other words to process the request of enrolment of my son/daughter to the Milan Junior Camp. The essential information necessary to fulfill the above mentioned objective is as follows: name, surname, date of birth, complete address and telephone number of my son, as well as my own name and surname. Failure to complete details required in the remainder of the form will not compromise the enrolment procedure.

The people responsible for the disclosure of personal information are Dr Massimo Campioli, for Milan Entertainment srl and Mr. Pietro Marchioni, for the ASD Sporteventi, having registered office in Vittorio Veneto (Treviso), via Pastore 44. I hereby understand that I may at any time contact the above mentioned companies to obtain the names of other people responsible for the disclosure of personal information. I also acknowledge that the right to access personal information as specified by article 7 of the Italian Law Decree 196/2003, among which is the right to update, change and delete my own and my son's personal information or the right to object to their disclosure may be exercised only with the people responsible for the disclosure of personal information. My own and my son's personal information will be communicated by the principal head and/or person in charge to third parties by them delegated for the fulfillment of the services regarding the object of the present contract (for example: shipping agents, companies which deal with the accounting and invoicing, auditing companies, etc.) and which will have signed a confidentiality agreement. I furthermore agree that my own and my son's personal information be communicated by the owner and/or person in charge to representatives appointed Restrictively to those aims, I authorize the Managing Agent to communicate my own and my son's personal information to A.C. Milan S.p.A., having registered office in Milan, via Turati, 3, for the purpose of controls on the activities of the Managing Agent (for example: number of days of attendance and duration, age of participants to the Milan Camp, service quality, etc.) and to third parties nominated by the Managing Agent for the fulfillment of the services regarding the object of the present contract (for example: any operation regarding the disclosure aimed at the collection, registration, organization, recording, consultation and processing of the data). I hereby agree that should I chose to pay by credit card, my personal information and any identification information present on my card will be disclosed to all people (credit card issuing bank, supporting banks, boards and authorities which deal with the electronic payment) which will necessarily have to deal with such information for the fruition of the payments.

I understand that failing to sign the consent of disclosure of personal information will result in enrolment to the Milan Junior Camp not being completed.

Providing their consent:

Parent(s): _____

I consent the disclosure of my own and my son's personal information to Milan Entertainment srl and communication of such information to third parties for the following purposes: data processing, statistical analysis and market analysis; distribution of promotional and informative material; broadcasting of interactive commercial communications.

We would like to inform you that this latter consent is optional and not binding for the enrolment of Your son to the Milan Junior Camp.

Consent:

The Parent/s: _____

I give permission, without compensation, to ASD Sporteventi and its assignees to use images either filmed or photographed of myself/my son for the purposes of films or printed material to be used as informative or promotional material for Milan Camp. The above is obviously to be intended as a possibility rather than an obligation of the ASD Sporteventi and its assignees.

Consent:

The Parent/s: _____

* Area where the Milan Camp will be held: Vittorio Veneto, Cortina d'Ampezzo, Altopiano di Asiago (Asiago mountain Plateau)-Gallio, Jesolo Lido, Cavalese (Trento), Lignano Sabbiadoro.

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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 2012, your final payment will be automatically debited on April 30, 2012. For programs which begin in August 2012, your final payment will be automatically debited on May 31, 2012)

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: _____

MILAN JUNIOR CAMP Terms and conditions

Milan Junior Camp / Sporeventi **strongly** recommend 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.

1. Cancellation for Convenience by You

Should you cancel your reservation thirty (30) days or more prior to your reserved 'Date of Attendance', you shall be entitled to a full refund less a \$150 cancellation fees. Should you cancel your reservation less than thirty (30) days prior to your 'Date of Attendance', you shall be entitled to a full refund less \$500 cancellation fees per one week stay. No refund will be granted once the camp session as started. 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

Participants need to follow the normal rules of civil cohabitation and the rules given by the guides and trainers. Milan Junior Camp reserve the right to exclude or refuse any person at any time to any course or activity if, in the opinion of Milan Junior Camp, that person is not compatible with the general enjoyment or well being of other clients. In this case, no refund will be given for any unexpired portion of the activity, course or tour.

4. Property Damages

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

5. Admission Age Requirements

Milan Junior Camp is for 7 to 16 years old boys.

6. Forbidden Items

Alcohol and tobacco are strictly forbidden during the camp.

7. Pocket Money

It is strongly recommended to bring some Euro currency for additional expenses like telephone calls, post cards, airport transfer (if needed) or souvenirs.

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8. Medical Information

If a participant is under medical treatment during the camp, it is strongly recommended to send with your registration a copy of the treatment being followed by the participant. If the participant takes special medications, it is strongly recommended to give them to the educators. It is strongly recommended to mention all allergies on the Registration form.

9. Medical Requirements

A medical certificate is mandatory to participate in all camps, furthermore at arrival to the premises of the "MILAN CAMP", the "AC MILAN s.p.a." has the authority to admit all participants to a further medical visit for the suitability to sport activities. If said visit would have a negative outcome for some applicants, "SPORTEVENTI" is obliged to refuse such applicant from taking part to the sport activities of the "MILAN CAMP".

10. Clothing and Equipment

All participant clothing and equipment must be marked with the participant name.

11. Loss and Theft

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

12. 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.

13. Registration Requirements

To register for the camp you must filled out and submit the Milan Junior Camp Entry Form and the Consent to Personal Data Processing form. Registration cannot be processed without both forms completed and signed. Online registration can skip this process.

14. Participant Leaving Premises

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

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

THE CAMP REQUIRES A DOCTOR'S MEDICAL CERTIFICATE ATTESTING THAT THE PARTICIPANT IS PHYSICALLY ABLE TO PARTICIPATE FULLY IN ALL SPORTS AND SOCIAL ACTIVITIES DURING THE CAMP.

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MEDICAL CERTIFICATE AND NON CONTAGIOUS CERTIFICATE

This certificate must be signed and filled out by your doctor less than 1 year before the camp starts and **must be brought to the camp on the first day.**

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