

# OM Soccer Camps

## 2010 COURSE REGISTRATION FORM

### Select your camp session:

|  |  |
|--|--|
| Camp 1 : July 4 to July 10 <input type="radio"/> Agde <input type="radio"/>  | Camp 2 : July 11 to July 17 <input type="radio"/> Agde <input type="radio"/> |
| Camp 3 : July 18 to July 24 <input type="radio"/> Agde <input type="radio"/> | Camp 4 : July 25 to July 31 <input type="radio"/> Agde <input type="radio"/> |
| Camp 5 : August 1 to August 7 <input type="radio"/>                          | Camp 6 : August 8 to August 14 <input type="radio"/>                         |

First and Last Name of Participant: \_\_\_\_\_

Day Camp ONLY Cap d'Agde

|                          |  |
|--------------------------|--|
| Date and Place of Birth: | Age:   |
| 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)

Shirt Size:     S     M     L     XL     XXL

Where did you hear about the OM Soccer Camp? \_\_\_\_\_

Paper/magazine [  ]    School [  ]    Internet [  ]    Radio / TV [  ]    Family/friend [  ]

**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 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 Olympique Marseille Soccer Camps. 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](http://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: \_\_\_\_\_

## **OLYMPIQUE MARSEILLE (OM) SOCCER CAMP**

### **Terms and conditions**

Olympique Marseille 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.

#### **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 administrative fee. Should you cancel your reservation between thirty (30) days and fifteen (15) days prior to your 'Date of Attendance', you shall be entitled to a full refund less a \$300 administrative fee. Should you cancel your reservation less than fifteen (15) 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**

Olympique Marseille Camp reserve the right to exclude or refuse any person at any time to any course or activity if, in the opinion of Olympique Marseille 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**

Olympique Marseille 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. Olympique Marseille Camp reserve the right to expel any student from its centers if there is willful damage to property.

#### **5. Admission Age Requirements**

Olympique Marseille Camp is for 6 to 16 years old boys only.

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## **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 use to buy soft drinks.

## **8. Medical Expenses and Information**

All medical expenses incurred by the participant will be charge 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 of his own personal clothes and equipment. Olympique Marseille 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 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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# Medical Form

Official Licensee OM Camps

The medical form must be completed by the treating physician

NAME .....

Enuresis: YES  NO

FIRST NAME .....

Allergies (food – drugs):

Date of Birth .....

.....

Height .....

.....

Weight .....

.....

Pulse .....

.....

Blood Pressure .....

Blood Type : .....

Comments : .....  
.....  
.....  
.....  
.....

(In case of Medical Treatment, provide a photocopy of the Medical Treatment)

**DOCTOR CERTIFICATION**

I, Doctor ... ..,  
Certify that the above information is accurate and that  
The child ... ..  
shows no indication against the practice of soccer training.  
In addition, the child has no contagious diseases

At ....., On .....

Stamp and signature



# Health Card

## CHILD

NAME : ..... FIRST NAME: .....

DATE OF BIRTH: ...../...../..... (format dd/mm/yyyy)

### DATE AND PLACE OF RESIDENCE:

Center of Marseille Cadenelle (13) From ...../...../..... to ...../...../.....

THIS ALLOWS FOR COLLECTION OF HEALTH INFORMATION DURING THE RESIDENCE OF THE CHILD

### 2 – VACCINES (refer to the Health book or vaccination certificates of the child)

| VACCINES MANDATORY   | YES | NO | DATES OF LAST RECALL | RECOMMENDED VACCINES  | DATES |
|--|-----|----|----------------------|-----------------------|-------|
| Diphtheria   |     |    |                      | Hepatitis B           |       |
| Tetanus  |     |    |                      | Rubella-Mumps-Measles |       |
| Poliomyelitis  |     |    |                      | Whooping Cough        |       |
| <b>Or</b> DT polio   |     |    |                      | Others (Specify)      |       |
| <b>Or</b> combined polio, diphtheria, tetanus, and pertussis vaccine |     |    |                      |                       |       |
| BCG  |     |    |                      |                       |       |

If the child does not have the mandatory vaccinations, ATTACH A MEDICAL CERTIFICATE OF CONTRAINDICATIONS

CAUTION: The anti-tetanus vaccine does not present contraindications

### 3 – MEDICAL INFORMATION ABOUT THE CHILD

Is the child following a special medical treatment during the camp ? Yes  No

**If yes** attach a recent **prescription** and **corresponding** medication (**in boxes of medicines With their original packaging marked with the name of the child with notice**)

No drug can be taken without a prescription



**5 – RESPONSIBLE FOR THE CHILD**

NAME.....

FIRST NAME .....

ADDRESS (DURING THE CAMP)  
.....  
.....

TELEPHONE (AND CELLULAR):  
HOME: ..... WORK: .....

NAME AND TELEPHONE OF THE DOCTOR (OPTIONAL)  
.....

I, the undersigned, ... .. legal guardian of the child, declare exact the information contained in this form and authorizes the camp staff to take, if needed, all measures (medical treatment, hospitalization, surgery) that are necessary for the health situation of the child

Date:

Signature:

**TO BE COMPLETED BY THE CAMP DIRECTOR FOR THE FAMILIES**

Camp Director contacts and observations:

.....  
.....  
.....