



ACADEMY

REGISTRATION FORM



ACADEMY

(Please complete all information unless otherwise specified)

TRAINEE (Personal Information)

Surname:

First name:

Boy or Girl:

Date of birth:

Club: Yes No

If yes, which position:

Current club:

TRAINEE (Other Information)

Height:

Weight:

Size for equipment: 8 - 10 years old
 12 - 14 years old
 Small
 Large

CORRESPONDENCE

Responsible adult: Father Mother Guardian

Complete name:

Address:

Postal code: City: Country :

Phone : Mobile :

Email :

Is the responsible adult the person to contact in case of emergency? Yes No

If not, indicate his coordinates:

Name and First name:

Phone:

...

MEDICAL HISTORY

Vaccinations: Are the trainee's immunizations up to date?

Yes (Attach copy of vaccinations records)

No (If trainee has not had the mandatory vaccinations, attach doctor's certificate listing contraindications)

Illnesses: Has the trainee had the following illnesses?

Chicken pox Whooping cough Mumps German measles Asthma

Scarlet fever Measles Pharyngitis Ear infections

Other health problems or difficulties with dates (illnesses, accidents, hospitalizations, allergies, attacks, etc.):

Recommendations: Is the trainee under medical treatment?

Yes. What treatment(s)?

No

If the Trainee has to follow a medical treatment during the training, do not forget to join the prescription of medicines.

Dietary limitations (optional answer):

Nothing Vegetarian Without pork Without sugar Without salt

Others.....

PSG ACADEMY

How did you hear about PSG Academy?

Brochure Website: www.soccercampsinternational.com

Advertising Friends / Family Other:.....

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PSG ACADEMY TRAINING

Option selected:

~ With accomodation (6 days/5 nights: Sunday to Friday):

Sessions requested (circle your choice):

Airport Transfer: Yes No (CDG, ORY, Train)

April 2010

July 2010

~ From 18 - 23 April

~ From 4 - 9 July --- From 11- 16 July

~ From 25 - 30 April

~ From 18 - 23 July --- From 25 - 30 July --- From 1 - 6 August

Special Session Soccer and French for 12 - 18 years old boys and Girls from July 4 - 17

(Airport transfer included) fBGY'Gd'WJ'U'GYggjcb 7 cbXJjcbg< YfYi bXYfL

French classes option (only for special session): YES NO

DETAILS TO BE JOINED

~ ID card photocopy

~ Photocopy of up-to-date vaccinations record

~ 2 ID photos

TO BE COMPLETED BY PARENT OR GUARDIAN

I, the undersigned, Mr or Ms

~ authorize my minor child to participate in the chosen training sessions, the dates of which have been specified above.

~ authorize the Organizer to use photographic or video images of myself or of my child for pedagogical, promotional or informational purposes suitable for utilization in future brochures or website, at no cost; such authorization of usage shall not exceed a period of 2 years.

~ undertake to provide a doctor's certificate on arrival attesting to my child's fitness for competitive sports training and that he is not a bearer of a contagious illness; such certificate shall be dated no later than 15 days prior.

~ authorize the Organizer to transport my child in a personal vehicle in the event of medical need and discharge the Organizer of any and all liability.

~ authorize the Organizer to give any and all necessary authorizations in lieu of myself, for any and all acts of surgery or anesthesia which may be decided by the medical profession in the event of my child being the victim of an accident or the sudden onset of a rapidly progressive illness.

~ warrant and represent that I am aware of the general terms and conditions for the training course (cancellation, interruption, withdrawal, insurance, etc.).

~ warrant and represent that I am aware of the training course costs and undertake to pay the agreed-upon amount.

On the last day of the training course, if I am unable to come for my child personally, I authorize:

~ Mr or Ms to come for my child at the end of the training course

or

~ my minor child to return to his home by himself.

Executed in:

Date:

Signature (preceded in your own hand by the words "read and approved"):

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GENERAL TERMS AND CONDITIONS OF REGISTRATION

(Please keep with your records)

All registration forms must be sent no later than one month before the start of the chosen training session. All reserved sessions shall be paid for in full no later than one month prior to the start of training, failing which the session shall be deemed cancelled under the Trainee's responsibility and the deposit amount shall not be returned. The price for the training course shall comprise sports activities, sports equipment, supervision, restaurant services as well as official Nike-PSG Football Academy equipment provided at no cost.

IMPORTANT: ALL INCOMPLETE APPLICATIONS SHALL NOT BE PROCESSED.

1) Complete the registration form carefully.

2) Enclose the following (passport, health records and digital photo can be emailed to us, only portrait photo accepted):

- Photocopy of both sides of the Trainee's ID card or passport.
- One recent photo of the Trainee.
- Photocopy of the Trainee's health records with up-to-date vaccinations.

3) On the first day of the training course, bring a doctor's certificate attesting to fitness for competitive sports training and that the Trainee is not the bearer of a contagious illness, dated no less than 15 days prior.

CANCELLATION OF TRAINING COURSE UNDER TRAINEE'S RESPONSIBILITY:

- Any and all cancellations shall be made by registered letter or by email or fax.
- From registration to one month prior to training course: forfeit of deposit paid and reimbursement of balance of total cost if paid.
- From one month to 15 days prior to training course: forfeit of 75% of the total price.
- Less than 15 days prior to training course: forfeit of 100% of total price.
- In the event of cancellation for medical reasons (duly substantiated by provision of a doctor's certificate), the Trainee shall be fully reimbursed for amounts already paid; such shall be the case no matter the date of cancellation, with the exception of a forfeit in the amount of \$150 for administrative fees.

CANCELLATION OF THE TRAINING COURSE UNDER THE ORGANIZER'S RESPONSIBILITY:

On an exceptional basis the Organizer may be constrained to cancel the training course if the minimum number of trainees (20) is not reached. In this event the Organizer shall inform you in writing no later than one month before the start of the training course.

As far as possible the Organizer shall propose another training course organized for over the course of 2010, that the Trainee shall be free to accept. In the event of refusal, the Organizer shall reimburse the amounts already paid.

EQUIPMENT NECESSARY FOR EACH TRAINEE

(Apart from equipment provided at no cost):

- | | |
|---|---------------------------------------|
| ~ 1 pair of moulded-sole football boots (no metal cleats) | ~ 1 pair of running shoes or trainers |
| ~ 1 pair of shin pads | ~ 1 pair of flip-flops |
| ~ 2 bath towels | ~ rain wear |
| ~ 1 toilet kit | ~ 1 long sleeved sweater |

TRAINING COURSE PROCEDURE:

Internal rules and regulations

The Trainee's participation in the sports activities is compulsory. It is advisable to comply with certain rules of health and hygiene to practice a sport: the right food, enough sleep and no smoking.

Further, pursuant to regulatory provisions concerning reception of minor children in its centers, the Organizer notes that the consumption of alcohol is prohibited and also emphasizes that smoking is prohibited in its centers' public areas and on the training grounds and areas. More generally, the Organizer shall ensure that the sale and consumption of poisonous substances and plants classified as narcotics shall be prohibited during the training course. In the same way trainees leaving the premises shall be supervised and minor children shall undertake to comply with the center's hours and rules.

Non-compliance with the internal rules and regulations may give rise to formal discussion with the parents or guardians, and in accordance with its seriousness, in the event of an infraction calling for an immediate departure, the Trainee may be sent to his home by the Organizer. Any possible expenses given rise to by this dismissal shall be assumed by the parents or legal guardian of the and no reimbursement or credit shall be granted.

By registering a minor with the PSG Academy, the parents, guardians, legal representatives or those legally responsible accept their civil liability possibly being incurred and undertake to inform the interested party of such civil liability. The Organizer refuses any and all liability in connection with acts of vandalism, voluntary destruction or theft committed by a Trainee during the term of his training course. The Organizer discharges itself of any and all liability in the event of theft of or damage to objects which have not been entrusted to it.

Throughout the term of the training course the Trainee shall be under the Organizer's continual supervisions. The organizer shall assume responsibility starting from the arrival the morning at the assembly area and shall end at the end of the day at the same place (except in the event of early departure).

GENERAL TERMS AND CONDITIONS OF REGISTRATION

DEPARTURE FROM THE TRAINING COURSE: during the course

- Any wounds or illness formally noted by the Organizer's doctor and requiring the Trainee's departure from the center shall give rise to a reimbursement calculated in proportion to the number of days remaining until the end of the training course.
- The Trainee leaving the center voluntarily under any and all conditions not justified by medical reasons shall not give rise to any reimbursement. The Organizer reserves the right to only let the Trainee leave subject to a decision taken by the responsible adult regarding such departure at the end of the training course being complied with.

DEPARTURE FROM THE TRAINING COURSE: at the end of the course

- The "assumption of responsibility by a third party" shall only be valid for the end of the day of the training course.

It is only at the end of the completed day that the Trainee shall be authorized to leave the center or to leave the assembly area, subject to a decision being taken by the responsible adult regarding such Trainee departure at the end of the day.

INSURANCE

In the event of negligence or misconduct on the part of PSG Football Academy owing to the organization of the event, the PSG Football Academy shall be covered by a civil liability insurance. Any and all other accidents and/or incidents shall be covered by the participant's personal insurance.



CONTACT

PSG Merchandising – PSG Academy
24, rue du Commandant Guilbaud – 75016 Paris
FRANCE

Handling and use of personal data in light of the French Data Protection Act :

The personal information collected shall be subject to data processing by our services to handle registration of Trainees in the training courses. In accordance with Article 32 of the French Data Protection Act of 6 January 1978, you shall enjoy a right of access and a right to modify your personal information. If you wish to exercise such right and to be provided with your personal information, please contact: PSG Merchandising, 24 rue du Commandant Guilbaud, 75016 Paris, France

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Special Session Conditions (July 4–17)



CANCELLATION OF TRAINING COURSE UNDER TRAINEE'S RESPONSIBILITY:

Date of withdrawal:

Prior to May 15: All refund but US\$400

May 15 – June 15: All refund but US\$800

June 15 onwards: No refunds after this date

Program fee includes:

- Airport pick-up and drop-off
- Extended health insurance (details available upon request)
- Accommodation at Marcoussis Center (French National teams residence)
- Three meals per day
- Full training program by PSG coaches
- 20 hours of French language tuition (free option)
- Multiple cultural activities (Visit of Paris, Eurodisney, Paris by night on a boat, PSG stadium visit...)
- Nike PSG Academy kit.

Parent/legal guardian agreement:

I have read the PSGAcademy brochure and hereby give permission for my child to participate in this PSGAcademy program during the summer of 2010. By execution of the application and this Agreement, I confirm my awareness and acknowledge the risks of injury which may be associated with travel, particularly in foreign countries. My child is enthusiastic and prepared, and I believe he/she is capable of handling both the emotional and physical aspects of the program as well as any risks involved. Furthermore, I agree that, should my child's conduct, at the sole discretion of PSGAcademy, be deemed to be in violation of PSGAcademy rules or otherwise detrimental to the maintenance of standards or to the successful operation of PSGAcademy's program, PSGAcademy, in its sole discretion, may dismiss him/her from the program. I further agree that PSGAcademy shall have no further responsibility for my child upon his/her dismissal from the program, and I understand that such dismissal may occur at a location far from the child's home. I affirm that PSGAcademy shall have the exclusive authority to determine the manner and means of transporting my child home without supervision, and that all additional expenses (including but not limited to the entire costs of the transportation) shall be borne completely by me, and that PSGAcademy shall have no obligation to provide any refund of the tuition fee with respect to any dismissed student. Notwithstanding the foregoing, in the event PSGAcademy elects to send my child home with a supervising

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Special Session Conditions (July 4 – 17) cont'd

PSGAcademy representative, all expenses of such PSGAcademy representative (including but not limited to the entire costs of the transportation) shall be borne completely by me. I shall agree to have my credit card on file to be held by PSGAcademy authorizing the payment of any such expenses of my child and the PSGAcademy representative in the event of the dismissal of my child.

I have read the refund schedule on this application and agree to the terms cited. I understand and acknowledge that no refunds are available for any cause, and that trip insurance is recommended. It is understood that PSGAcademy may make use of students' photographs and testimony in publicity materials, including the brochure, poster and website, without payment of any consideration, and I hereby grant PSGAcademy permission for such use.

Furthermore, in applying for a PSGAcademy program, I hereby understand and accept the following terms and conditions, the violation of which may result in my child's dismissal, without further notice:

- The possession or use of drugs or alcohol is strictly prohibited.
- All participants must adhere to all rules of safety and conduct at all times, including those promulgated by PSGAcademy, the educational institution and the jurisdiction where the educational institution is located.
- Any violation of the rules, terms or conditions, as well as behavior incompatible with the programs, could result in dismissal of a student at parent'/guardian' expense as stated above.

I authorize PSGAcademy, at its sole discretion, to place my child at my own expense and without any further consent or advance notice in a hospital for medical services and treatment or, if no hospital is readily available, to place my child in the care of a licensed medical doctor for treatment. I hereby grant PSGAcademy full authority to take whatever actions it may reasonably consider to be warranted under the circumstances.

Child Name (PRINT) _____

Parent/Legal Guardian Name (PRINT) _____

Parent's/Legal Guardian Signature _____

Date _____

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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 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: _____

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 **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