

## ARRIVAL/DEPARTURE DETAILS

The transfer from the train station or the airport to the accommodation is included within all our Juniors programs (Paris included with a supplement).

IN ORDER THAT THIS FIRST CONTACT WILL SUCCEED, IT IS IMPERATIVE THAT WE RECEIVE THE ARRIVAL AND DEPARTURE DETAILS FOR YOUR CHILD BY THE TUESDAY PRECEDING THE ARRIVAL DATE AT THE LATEST.

This completed document must be returned to us <b>by e-mail or fax</b> with a legible double sided copy of the student's father, mother or legal guardian Passport or ID Card.						
DESTINATION: □ ANTIBES □	CANNES     NICE	□BIARRITZ	□ PARIS	□HYÈRES		
SURNAME:	FI	RST NAME :				
BIRTH DATE:/	1					
ARRIVAL DATE:/	/	TURE DATE :	1	<i>I</i>		
ARRIVAL TIME :	DEPAR	TURE TIME :				
TRAIN N° / STATION :	TRAIN	N° / STATION :				
FLIGHT N°/AIRPORT:	FLIGH	T N° / AIRPORT :				
	MODE	L RELEASI				
☑ I, the undersigned (Surname, First named child, hereby <b>give the pern</b> brochures, CD) for the purpose of t	nission to use the imag	es or movie clips wi				
Date:						
		Signature (m	nandatory) :			



				RMISSIO			
DESTINATION:	ANTIBES			□ BIARRITZ		□HYÈRES	
SURNAME:				FIST NAME:			
				ION" conditions de on (campus, reside		-	
Į.	All 13-17 y.o.	students are au	thorized to go	out unaccompanie	ed in the daytim	e until 7:30	
FOR JUNIORS ACC	COMMODA	TED ON CAMP	US / IN RESID	DENCE:			
■ 8-12 years old	Ø NO E\	ENING PERMIS	SION				
■ 13-15 years old	☑ NO EVENING PERMISSION			from	from 7:30 pm*		
■ 16-17 years old		N 1: NO EVENI	NG PERMISS	ION	from	from 7:30 pm*	
		N 2 : EVENING					
		1 evening (Tuesday or Wednesday**) Fridays, Saturdays, and days prior to a bank holiday				till 11:00 pm till 01:00 pm	
				ewrite this sentence			
FOR JUNIORS AC€	Ø NO E/	ATED IN A HOST /ENING PERMIS n Monday for th	SSION	party		7:30 pm* 00pm	
		-		ccompanied evenii	ng party till 11:	00pm	
■ 16-17 years old		OATORY EVENINgs (Monday & V		ON Monday & Tuesda	y**) till 11:	00pm	
	Fridays,	Saturdays, and	days prior to	a bank holiday	till 01	:00 am	
	e forename	d child authorize			out unaccompa	her / mother / legal guardian anied in the daytime until 7:30 tence by hand).	
*Unless accompani	ed by our g	group leaders / *	* The day dep	ends on the campu	ıs		
Date :				Signature (ma	ndatory):		

## **IMPORTANT NOTES:**

- During evenings when children accommodated in the campus are not allowed to go out by themselves, accompanied excursions and thematic events are proposed by our teams on campus.
- The going out permission can only be validated if it is correctly completed. Authorisation must be handwritten (to avoid fraudulent documentation being submitted) and it must be forwarded with a double sided copy of the parent's or legal guardian's passport or Identity Card.
- We reserve the right to exclude students in case of abuse of the school rules and/or unacceptable behaviour.
- We will inform parents in case of any abuse concerning the time limits by the student.
- We reserve the right to suspend the going out permission if deemed necessary.



## JUNIORS 2015

HEALTH FORM							
DESTINATION:   ANTIBES	□ CANNES	□NICE	□BIARRITZ	□ PARIS	□HYÈRES		
SURNAME: FIST NAME:							
I confirm that my child meets the confirm that my child (if he/shed) My child does not have a proben My child does not require med tion and the corresponding means to the correspondin	e is of Europear lem regarding g lical treatment d	n origin) has go roup life, sport luring his stay v	ot the European He activities and part with your organizat	ealth Insurance icularly the "s	e Card. ailing" activity.		
ALLERGIES							
Asthma: □yes □no	Other:						
We can only accept students	capable of man	aging their all	ergy independent	ly and accept	no responsibility with re-		
gards to allergic reactions.							
If your child suffers from a seve following statement by hand:		ou neverthele	ss wish to send hir	n/her to stay v	with us, <b>please rewrite the</b>		
"I, the undersigned (surname, allergies of my child (surname,	first name) disch	narge the CIA /	Atoll Juniors of an	y and all respo	onsibilities concerning the		
Date:			Signature (ma	andatory):			
Child's medical history and ot	her information	n (operations, a	ccidents, illnesses	, etc.) To be fil	led in if necessary.		
LEVEL OF SWIMMING							
☐ Doesn't know how to swim	□ Beginne	er 🗆 Interr	nediate □ Adv	anced			
Supplementary leisure activitie	es available <b>at K</b>	IOSK : scuba d	living, water skiing	, bike hire			
☐ <b>Yes,</b> I authorize my child to p Atoll Juniors staff but suggeste	•		•	-	ntre International d'Antibes or		
33	, ,		·	,			
IN CASE OF HOSPITALISATI	ON						
«I authorize the legal represen tion, surgery) regarding my chi that could possible be engage	ild (surname, nar	me) in respect					
Parent or Legal Guardian : Su	ırname		Name				
Da	ate of birth		Telepho	ne number :			
I declare that to the best of m	y knowledge al	l of the inform	ation given above	is correct.			
Date:			Signature (ma	ndatory) :			