



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 **by e-mail or fax** 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 : FIRST NAME :

BIRTH DATE : / /

ARRIVAL DATE : / / DEPARTURE DATE : / /

ARRIVAL TIME : DEPARTURE TIME :

TRAIN N° / STATION : TRAIN N° / STATION :

FLIGHT N°/AIRPORT : FLIGHT N° / AIRPORT :

MODEL RELEASE

I, the undersigned (Surname, First name) am the father / mother / legal guardian (please circle) of the fore-named child, hereby **give the permission to use the images or movie clips with my child** in our marketing media (internet, brochures, CD) for the purpose of travel related advertisement.

Date :

Signature (mandatory) :



HEALTH FORM

DESTINATION : ANTIBES CANNES NICE BIARRITZ PARIS HYÈRES

SURNAME : FIST NAME :

I confirm that my child meets the obligatory legal conditions concerning vaccinations (DTP (Polio)).
I confirm that my child (if he/she is of European origin) has got the European Health Insurance Card.
My child does not have a problem regarding group life, sport activities and particularly the "sailing" activity.
My child does not require medical treatment during his stay with your organization (if yes, please attach a recent prescription and the corresponding medicines for the time of your child's arrival).

ALLERGIES

Asthma: yes no Other:

We can only accept students capable of managing their allergy independently and accept no responsibility with regards to allergic reactions.

If your child suffers from a severe allergy, but you nevertheless wish to send him/her to stay with us, **please rewrite the following statement by hand:**

"I, the undersigned (surname, first name) discharge the CIA / Atoll Juniors of any and all responsibilities concerning the allergies of my child (surname, first name)."

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Date : Signature (mandatory) :

Child's medical history and other information (operations, accidents, illnesses, etc.) To be filled in if necessary.

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LEVEL OF SWIMMING

Doesn't know how to swim Beginner Intermediate Advanced

Supplementary leisure activities available **at KIOSK** : scuba diving, water skiing, bike hire...

Yes, I authorize my child to participate in these external activities not supervised by the Centre International d'Antibes or Atoll Juniors staff but suggested by local professionals and under their responsibility.

IN CASE OF HOSPITALISATION

«I authorize the legal representative of CIA or Atoll Juniors to take all necessary decisions (medical treatments, hospitalisation, surgery) regarding my child (surname, name) in respect of the medical report and will reimburse all medical expenses that could possible be engaged by CIA for my child. »

Parent or Legal Guardian : Surname Name

Date of birth Telephone number :

I declare that to the best of my knowledge all of the information given above is correct.

Date : Signature (mandatory) :