

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:/	/	URE DATE :	1	<i>1</i>					
ARRIVAL TIME :	DEPAR	TURE TIME :							
TRAIN N° / STATION :	TRAIN I	N° / STATION :							
FLIGHT N°/AIRPORT :	FLIGHT	N° / AIRPORT :		<u>.</u>					
	MODEL	RELEASE							
☑ I, the undersigned (Surname, F guardian (please circle) of the forer in our marketing media (internet, br	named child, hereby give	the permission to	use the images	or movie clips with my child					
Date :									
		Signature (m	andatory) :						



GOING OUT PERMISSION FORM							
DESTINATION :	ANTIBES	□ CANNES	□NICE	□ BIARRITZ	□ PARIS	□HYÈRES	
SURNAME:				FIST NAME:			
A	and t	he type of the a	occommodatio	ON" conditions de n (campus, reside out unaccompanie	nce or host far	nily).	
FOR JUNIORS AC	COMMODA	TED ON CAMP	US / IN RESID	ENCE :			
■ 8-12 years old ■ 13-15 years old	☑ NO EVENING PERMISSION ☑ NO EVENING PERMISSION			from	from 7:30 pm*		
■ 16-17 years old		☐ OPTION 1: NO EVENING PERMISSION			from	from 7:30 pm*	
	1 evening	N 2 : EVENING g (Tuesday or W Saturdays, and	/ednesday**)	a bank holiday		00 pm :00 pm	
(please circle) of th	e forename ny 13-15 y.o.	d child authorize child isn't allow	e my child (suri ed to go out a	name, name) to go fter 7.30 pm or I ac	out unaccompa Ivise that for m	her / mother / legal guardian anied in the daytime until 7:30 y 16-17 y.o. child the following	
EOD II INIODS ACC	COMMODA	TED IN A LIGET	r Eamily.				
■ 13-15 years old	ACCOMMODATED IN A HOST FAMILY: Id ☑ NO EVENING PERMISSION Except on Monday for the barbecue party Except on Friday for the mandatory accompanied evening pa		till 11	from 7:30 pm* till 11:00pm y till 11:00pm			
■ 16-17 years old	2 evenin	ATORY EVENINgs (Monday & V Saturdays, and	Vednesday or	Monday & Tuesday		00pm :00 am	
I, the undersigned (please circle) of th pm and accept the	e forename	d child authorize	e my child (suri	name, name) to go	out unaccomp	her / mother / legal guardian anied in the daytime until 7:30 ence by hand).	
*Unless accompani	ied by our g	roup leaders / *	* The day depo	ends on the campu	S		

IMPORTANT NOTES:

Date :

• 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.

Signature (mandatory):

- 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.



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 of gards to allergic reactions. If your child suffers from a sever following statement by hand: "I, the undersigned (surname, finallergies of my child (surname,	ere allergy, but yo irst name) discha first name)."	ou nevertheless varge the CIA / Ato	wish to send him oll Juniors of any Signature (ma	n/her to stay with and all responsi	us, please rewrite the bilities concerning the		
LEVEL OF SWIMMING							
☐ Doesn't know how to swim	□ Beginner	r 🗆 Intermed	diate □ Adva	anced			
Supplementary leisure activities	s available at Kl e	OSK : scuba divir	ng, 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	ON						
«I authorize the legal represent tion, surgery) regarding my chil that could possible be engaged	d (surname, nam	ne) in respect of t					
Parent or Legal Guardian : Su	rname		Name				
Da	ite of birth		Telephor	ne number :			
I declare that to the best of my	y knowledge all	of the information	on given above	is correct.			
Date:			Signature (mar	ndatory) :			