



**Registration Form
For linguistic Camp**

Sojourn fromto.....

Child's last name:**First:**

Age :**Grade**.....**Native Language**.....**Target Language**.....

Guardian's last name:**First:**

Address:

.....

Home telephone #:**Mobile/cell:** **Mother's:**

Email: **Father's:**

Work: **Mother's:**

Father's:

PROFESSIONS

Father's: **Employer:**

Mother's: **Employer:**

Health Insurance Card # - European Vital Card #:

Civil Liability insurance policy #:.....

Personal injury protection policy #:

Doctor's full name:**Tel:**

Parents' and/or guardian's authorisation

I the legal guardian of state that I have registered him/her in the linguistic camp (sojourn) organised « DOC'LANGUES » and therefore authorise him/her to participate in all the activities within the sojourn, including those ones that require transportation.

Furthermore, I declare thatwho is under my custody, has a health, civil liability and personal injury insurance and that I have submitted proof of it to DOC'LANGUES. In case that a medical charge is not taken care by the insurance, I will fully reimburse the DOC'LANGUES. I also affirm that I have awareness of the internal policy for linguistic camping-sites and sojourns and of the consequences in case of violation or/and refuse to comply with the policy.

Besides, I authorize the camping director to assist....., first aides, in case of emergency. I also authorize (a doctor, a pharmacist) a member of the team of the sojourn to transportto a medical centre if necessary.

Place Date.....

Signature

Handwritten: « read and approved »

Authorisation to publish the image

I..... the legal custodian/guardian of.....

authorize « DOC' LANGUES » to publish in its web site, or in any other marketing support photos and/or videos in which..... appears. I have been informed that those documents could be used for commercial purposes and that this authorisation can be denied at any moment in compliance with the right of privacy, and of image. The private information is the object of an electronic database, in accordance with the 78-17 law from January 6, 1978; you have the right of access, rectification, update, and of denial of the information and documents which concern you. To make use of this right, send a letter to DOC' LANGUES at 6 Rue Torte 34660 Cournonterral, France.

The above authorisation is personal and private and only applies to the image support mentioned.

City..... Date:

Signature

Documents to be submitted for the registration:

Registration form dated and signed

Vaccination and Health form dated and signed

Proof of insurance for civil liability and personal injury

2 stamped, self-addressed envelopes

Certification of swimming basic skills (delivered by a swimming training organization) if unable to submit this document the child will not participate in any aquatic activity that will require swimming skills.

Payment of 30% of the total cost of the sojourn to make the reservation, if the remaining of the total is to be paid in instalments the checks are to be sent and dated with the exact date to be charged. The total cost of the sojourn is to be fully paid a month before the start of the sojourn.

Please send documents to complete the registration to:

DOC'LANGUES:

Contact@doclangues.fr or by mail to 6 Rue Torte 34660 Cournonterral, France (by certified mail if possible)

The registration will not be completed if all the documents are not submitted. If you have any question do not hesitate to contact us at contact@doclangues.fr