



## JUNIORS : ARRIVAL/DEPARTURE DETAILS

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  HYERES/PROVENCE  CANNES  BIARRITZ

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 : .....



## JUNIORS : GOING OUT PERMISSION FORM

The "Going out permission" form can not be modified, any comments will not be taken into consideration, if so, option 1 will be automatically applied.

I, the undersigned (Surname, First name).....  
am the father / mother / legal guardian (please circle) of the forenamed child.

Please rewrite the following sentence by hand :

I authorize my child (surname, name) to go out unaccompanied in the daytime until 7:30 pm and advise that the following option has been selected (stipulate option):  
.....  
.....



### ■ FOR 14-15 YEARS OLD JUNIORS :

MANDATORY : NO EVENING PERMISSION

from 7:30 pm\*

Except on Monday for the barbecue party till 11:00 pm

### ■ FOR 16-17 YEARS OLD JUNIORS ACCOMMODATED IN RESIDENCE OR CAMPUS

#### OPTION 1 :

NO EVENING PERMISSION : From Sunday to Saturday

from 7:30 pm\*

#### OPTION 2 :

EVENING PERMISSION : 1 evening (Tuesday or Wednesday\*\*)

till 11:00 pm

Fridays, Saturdays, and days prior to a bank holiday

till 01:00 am

\*Unless accompanied by our group leaders

\*\* The day depends on the campus

### ■ FOR 16-17 YEARS OLD JUNIORS ACCOMMODATED IN A HOST FAMILY :

MANDATORY

EVENING PERMISSION :

2 evenings (Monday & Wednesday)

till 11:00 pm

Fridays, Saturdays, and days prior to a bank holiday

till 01:00 am

Date : .....

Signature (mandatory) : .....



# JUNIORS : HEALTH FORM

DESTINATION :

ANTIBES

HYERES/PROVENCE

CANNES

BIARRITZ

SURNAME : .....

FIRST NAME : .....

I confirm that my child meets the obligatory legal conditions concerning vaccinations (DTP (Polio) and BCG).  
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)."

.....  
.....

Date : .....

Signature (mandatory) : .....

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

.....  
.....



**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 possibly 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 (P.13-14) is correct.**

Date : .....

Signature (mandatory) : .....