# Registration form

## RECREATIONAL SOCCER CAMP

## PERSONAL INFORMATION

Lastname and Firstname .....

Date of birth .....

Gender : ☐ Male ☐ Female

## CAMP SIGN UP

*Children born between 2012 and 2018*

☐ From October 21 to October 25, 2024
☐ From February 24 to February 28, 2025
☐ From April 21 to April 25, 2025
☐ From July 7 to July 11, 2025
☐ From July 14 to July 18, 2025
☐ From July 21 to July 25, 2025


## RATES AND PAYMENT TERMS

☐ Half-Board : 240 €

Payment in cash, payabler by check to Thonon Evian FC-Holidays, credit card, or bank transfer
Bank Transfer : IBAN : FR76 1810 6000 4496 7540 3645 929
SWIFT : AGRIFRPP881

Folder to send to email to contact@grandgenevefootball.com or stagefoot.tegg@gmail.com

*Upon reception of the complete file plus payment, we will send a sign up confirmation by e-mail specifying all the necessary information*

# INDIVIDUAL INFORMATION SHEET

Last Name ..... First Name.....

Date of birth..... Place .....

Address.....

PST/ZIP Code .....City ..... Country.....

..... Mobile.....

@ (*compulsory*).....

Clothes Size ☐ XS Junior ☐ s Juniors ☐ M Junior ☐ XL Junior

☐ S Adult ☐ M Adult ☐ L Adult

Names of the authorized persons to pick up the child at the end of the day.....

.....

.....

## SPORT INFORMATION

This information is demanded for us to anticipate on the training level of the groups and the content of the training sessions and activities

Club .....

Catégory.....

Playing position.....

Other sports practiced.....

.....

Weekly days of sports ☐

Can your child swim? ☐ Yes ☐ No

Other informations *Halal meals, vegetarian, food allergies*

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## MEDICAL SHEET

This piece of information allows us to follow the children during the week and to react if necessary (allergies, medical treatment....) and to take action in case of injury during the training

### ALLERGIES

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.....

.....

### Actuel medical treatment

.....

.....

(If possible join the medical prescription)(If possible join the medical prescription)

*Attach a medical certificate less than 6 months old.*

# PARENTAL AUTHORIZATION

## This authorization is compulsory so as to take action in case of injury of your child

I, the underdesigned Mr, Mrs(1) ..... father, mother, legal representative tutor (1) of the child ..... Autorizes the manager of the Thonon Evian Grand Genève FC for the week from..... to ..... To take the necessary measures for the safety of my child, after a physical problem that would/could occur during his sign up week. We authorize the supervising staff to lead him/her to the closest hospital.

The organizers of the Thonon Evian Grand Genève FC can't be held responsible of the non-respect of the rules of the camp by my child. A repeated bad behavior could lead to an exclusion. The organizer can't be held responsible in case of theft or loss of personal effects during the camp.

I authorize the organization of the camps to use the rights of image (audio, viedo, photo) for the promotion of the camps without compensation whatsoever.

Place ..... Date .....

*Signature preceded with the words « read and approved »*

*(1) Rayer les mentions inutiles*