

# GENERAL TERMS AND CONDITIONS

Cost of the camp includes the sports activities, equipment, coaching, lunch, as well as the official Nike- Paris Saint-Germain Academy outfit.

### **CAMP CANCELLATIONS**

### **PARTICIPANT CANCELLATION**

Cancellations must be made by email and acknowledge by us.

### Before the beginning of the camp.

In the event of cancellation for medical reasons (a medical certificate must be provided) without having subscribed to the cancellation insurance, no refund will be made. The participant will be offered for:

- Cancellation more than 21 days before camp starts: credit voucher for 12 months (admin fee of \$30 additional)
- Cancellation less than 21 days before camp start: NO Refund

For any other reasons, there will be NO Refund or Credit.

## During the camp.

In the event of cancellation for medical reasons (a medical certificate must be provided), the participant will receive a credit voucher valid for 12 months of an amount based on the days which he has not participated and deduction of the Paris Saint Germain Academy kit. There will be no credit voucher for any other cancellation reason.

# ORGANIZER CANCELLATION

- The organizer may exceptionally have to cancel a camp if the minimum number of interns is not met. In this event, the organizer will inform you, in writing, at least 7 days prior to the beginning of the camp.

### - CANCELLATION INSURANCE PURCHASED:

- Cancellation more than 21 days before the beginning of the camp: Refund (less \$50/week admin fee)
- Cancellation less than 21 days before the beginning of the camp: credit for 12 months
- During the camp, In the event of cancellation for medical reasons (a medical certificate must be provided) the participant will receive a credit voucher valid for 12 months of an amount based on the days which he has not participated and deduction of the Paris Saint Germain Academy kit. There will be no credit voucher for any other cancellation reason.

### INSURANCE

In the event of neglect or of an error on behalf of the Paris Saint-Germain Academy resulting from the organization of the event, the latter is covered by a "Civil Liability" insurance. All other accidents and/or incidents must be covered by the intern's personal insurance. We encourage you to make sure your child is adequately insured.

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These terms and conditions are issued by Paris Saint Germain Academy ("TERMS"). By your completion and submittal of the registration forms, you agree and acknowledge that you are over 18 years of age and that you have read, understood and agreed to these TERMS, the terms and conditions of Soccer Camps International, including its Privacy Policy, as may be updated from time to time, located on <a href="https://www.soccercampsinternational.com">www.soccercampsinternational.com</a> website which terms include that SOCCER CAMPS INTERNATIONAL HAS NO AUTHORITY OR CONTROL OVER THE OPERATION AND/OR RULES OF ANY SOCCER CAMP.



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### **ONSITE REGULATIONS**

- Participant are required to participate in a fun and friendly spirit in order to respect the values of respect conveyed by Paris Saint-Germain Academy.
- The Participant's participation in the sports activities is compulsory. In order to practice any sport, a few rules of hygiene and conduct should be respected: adequate food and sleep, no smoking, and the respect of times (wake-up, trainings, meals... etc.).
- In addition, the organizer, in compliance with regulations relating to hosting underage children in his center, would like to remind you that alcohol is prohibited along with smoking in public areas and on the grounds of the camp. More generally, the organizer prohibits the sales and consumption of poisonous plants and substances classified as drugs during the camp. In the same manner, leaving the premises is controlled and underage children are required to respect the center's times and rules of conduct.
- Failing to respect internal rules may lead to meeting with parents or guardians, and depending how serious the issue is, if the latter justifies immediate departure, the participant may be sent home by the organizer. Any costs incurred following this trip back home will be the parents' or legal guardian's responsibility and no refunds or vouchers will be available.
- By enrolling an underage child to the Paris Saint-Germain Academy, the parents, guardians, adults in charge, accept that their civil liability may be involved and they commit to informing the participant. The organizer declines any responsibility relating to acts of vandalism, intentional destruction or theft carried out by the participant during the camp. The organizer will take no responsibility for any theft or damage to objects that have not been placed in his care.
- Throughout the camp, the participant shall remain under surveillance of the organizer.
- The organizer will be in charge of the participants from the moment they arrive at the meeting place until they leave the same place at the end of the day (except for early departures).

### **LEGAL AGREEMENTS**

## By registering a child into the camp, I am committed to accept the following notices:

- Authorize my child to participate in the chosen camps.
- Authorize the organizer to use photos and videos of my child for educational purposes, advertising or information in brochures or on the Paris Saint-Germain Academy website, free of charge, for up to 2 years after the camp.
- Commit to submitting a maximum 3 months old medical authorization and non-contagious certificate upon arrival at the center. (unless all medical questions answered online during registration are negative)
- Authorize the organizer to drive my child in one of its vehicle in case of emergency and clears the organizer of all responsibility.
- If I cannot be reached, I authorize the organizer to give any required authorization in my place for any surgery or anesthetics decided by a medical team in the event in which my child were the victim of an accident or had an acute and rapidly evolving illness or disease.
- Declare I have read, understood and accepted the general terms and conditions of the camp (cancellation, leaving the center, insurance, etc.)
- Declare I have read, understand and accept the exclusion conditions of the camp.

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(Doctor's signature)

# Certificat Médical (Medical Certificate)

Ce certificat doit être signé et rempli par votre médecin moins de 3 mois avant le début du stage et remis le premier jour du stage avec une photocopie des vaccinations a jour (This certificate must be signed and filled out by your doctor less than 3 months before the camp starts and brought on the first day of camp with a copy of vaccination records)

Je soussigné, Docteur : _ (I undersigned, Dr)			
Demeurant à : (Living in)			
Certifie avoir examiné ce (Certify having examined this da	<u> </u>		
Né (e) le : /	Demeura (Living in)	ınt à :	
Et n'avoir pas constaté, à ce j sports, y compris en compéti (And not having diagnosed, on sports in competition): Et ne présente actuellement (And does not show any sign of	ition: this day, any clinical sig aucun signe décelabl	ns restraining the practic	e of soccer and
Fait à(Done in)	, le / / _ (The)	20	
Signature du médecin		(	Cachet du Médecin

(Doctor's stamp)

**HEALTH CARD - MEDICAL FORM** THIS FORM HAS BEEN CREATED TO COLLECT MEDICAL INFORMATION WHICH CAN BE USEFUL DURING THE CAMP. IT CAN BE GIVE BACK AT THE END OF THE CAMP, ON REQUEST. SURNAME: ..... GIVEN NAME: ..... I. PLAYER SEXE BOY GIRL BIRTH DATE: / / (Join health record copies) II. VACCINATION DATES Precise if it is: Vaccines DT polio DT Pertussis Tatragenous Polio BOOSTER AGAINST TUBERCULOSIS (BCG) **SMALLPOX** OTHER VACCINES DATES DATES **VACCINES** DATES 1st VACCINE VACCINE 1st BOOSTER REVACCINATION IF NOT VACCINATED WHY? ..... **PURPOSE** DATES SERUM INJECTION III. KID MEDICAL INFORMATION Has the player had the following diseases? RUBELLA CHICKENPOX ANGINA RHEUMATISM SCARLET FEVER No Yes No Yes No Yes No Yes No Yes WHOOPING OTITIS ROUGEOLE **ASTHMA** Mumps COUGH No Yes NO Yes No Yes No Yes No Yes OTHER HALTH ISSUES, PLEASE INDICATE THE DATE: (illnesses, accident, hospitalizations, allergies, fits, ...)

IV. PARENTAL RECOMMENDATIONS:
IS THE INTERN FOLLOWING A SPECIFIC MEDICAL TREATMENT? No Yes YES, IF SO, PLEASE SPECIFY?
DOES THE KIDS WET HIS BED No Sometimes Yes
IF IT IS A GIRL, IS SHE MENSTRUATED No Yes
V. ADULT IN CHARGE:
SURNAME: GIVEN NAME:
ADRESS (During the camp):
DOMICILE BUREAU
SOCIAL SECURITY NUMBER NUMBER
ORGANIZATION ADDRESS :
I, undersigned, in charge of the kid, declares that the information given are exact and authorizes the camp director to take, if needed, the decisions (medical treatment, hospitalization, surgical procedures) necessary for the kid.  Signature:
DATE:
RESERVED FOR THE ORGANIZER
CAMP LOCATION : STAMP
ARRIVED ON// LEFT ON//

