

MEDICAL INFORMATION (to be filled with attention and in detail)

Allergies Yes No Which

Have you ever contracted a recurrent disease (e.g. malaria) ? Yes No
Which:

Disability Yes No which

Medical treatment Yes No which

Special diet Yes No which

Are you up-to-date with your vaccines ? Yes No

Blood group

*In case of medical problem, please provide a letter written in french with full explanation.
For the surf stay, please provide a medical certificate.*

MORE INFORMATION REGARDING PARTICIPANT

Smoker? Yes No

Reminder: minors are not allowed to go out in the evening without an adult

MODE DE PAIEMENT

I confirm payment of the non refundable deposit of €300
+ service fee as well as the balance of the invoice by:

- Credit card
 Bank transfer
 Swift transfer

OBLIGATORY INFORMATION

Card holder name:

N°

Cryptogram the 3 digits that appear in the signature panel at the back of your card

Date d'expiration : /

I authorise SILC to withdraw the amount of the invoice (deposit and payment dates according to the invoice).

Date and signature

PARENTS AUTHORISATION

I/we, as parent(s) / guardian(s) hereby authorise teachers or group leaders to take photographs / video footage of my child during the stay and to use them for our brochures and our website. Yes No

I/we declare that the above information is true and that I/we did not forget to mention anything important. I/we authorise my child to take part in this stay and agree to the terms and conditions as set out in the brochure.

To be valid this enrolment form must be duly completed and signed and must include 2 photos, a €350 deposit + service fee and the student profile.
Incomplete forms will not be dealt with.

Signature (parents or legal guardians for minors)