For the pre-season of U15M and U17M

From 21 to 27 August

Application form to be filled and send back at the following address:

130 rue du Puech de Brissac 34980 St-Gély-du-Fesc

Last Name: .....
First Name: .....
Address:……
Date of birth: .....
Tel:.....
Size of the T-shirt ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL
Email address (mandatory):.....
Have you a license of basketball in your club? ☐ oui ☐ non

Permission :

I, the undersigned M/Mrs ……parents of ……

☐ Authorize the club St Gely Basketball to take any medical decision relative to the health of my son and certify that he has an insurance.

☐ Authorize the club … to use the image (video/photo) of my son on different media.

☐ Take note that my son can be dismissed if his behaviour perturbs the camp and no refund will be possible.

Date.....Country.....

SIGNATURE

Documents required for the registration

☐ This application form
☐ A medical certificate dated less than 6 months
☐ A proof of insurance
☐ Registration before 1st of August – Deposit of 50€
☐ Registration after 1st of August – Full payment of 250€

The application will be rejected if the dossier is incomplete

Financial specificities :

In case of withdrawal, the deposit of 50€ will be completely refunded, if the withdrawal occurs 45 days before the beginning of the camp.
A 30€ charge applies if the withdrawal occurs between 45 and 15 days before the beginning of the camp.
Beyond 15 days, the deposit is not refundable.
The account of the camp has to be settled by the 1st of August. Thank you