

LE SOCCER CAMP Terms and Conditions

Le Soccer Camp **strongly** recommends the purchase of insurance coverage for travel and related travel costs, cancellation, medical, and personal property for all travelers from a broker of **your** choice.

1. Cancellation for Convenience by You

Should you cancel your reservation prior to May 1, 2008, you shall be entitled to a full refund less a \$150 administrative fee. No refunds are issued for request received after May 1, 2008. All voluntary or involuntary withdrawal during the camp will not incur any refund at all. Cancellation requests due to illness or injury must be accompanied by a doctor's note and will be handled on a case by case basis. We reserve the right to handle all refunds on an individual basis. Cancellation of your reservation shall be written and shall provide the name of the participant as recorded on the registration form. We strongly recommend camp cancellation insurance.

2. Force Majeure Event

Le Soccer Camp may cancel the reservation due to a Force Majeure Event which shall include circumstances beyond the control of Le Soccer Camp, including but not limited to: war, threat of war, political crisis, civil commotion or strife, terrorist activity, strike or industrial action, natural disaster, fire and technical problems due to closure of airports or other transport problems making it impossible or unreasonable to travel. Physical injury of participant prior to date of attendance is not a force majeure event but one reason why we urge you to obtain insurance coverage. In such event, Le Soccer Camp will refund all the monies paid by you or will propose another camp.

3. Participant Exclusion

Le Soccer Camp reserve the right to exclude or refuse any person at any time to any course or activity if, in the opinion of Le Soccer Camp, that person is not compatible with the general enjoyment or well being of other clients. In this case, no refund will be given for any unexpired portion of the activity, course or tour. All expenses for this exclusion will be the responsibility of the parent's participant.

4. Property Damages

Le Soccer Camp will vehemently pursue any student damaging or defacing property while at the Camp and strong action will be taken against such students. Payments will be sought in full from any such student (or responsible parents) BEFORE departure to repair such damage. Participants must keep their room tidy, clean and in the same condition as it was when they arrived at the camp. Le Soccer Camp reserves the right to expel any student from its centers if there is willful damage to property, theft of property or act of vandalism.

5. Admission Age Requirements

Le Soccer Camp USA is for 10 to 17 years old boys.

6. Forbidden Items

Alcohol, drugs and tobacco are strictly forbidden during the camp.

7. Pocket Money

Money could be given to the camp director or your group leader on arrival. At the end of the camp, money left over will be given back to the participant. Money can be use to buy soft drinks, postcards and souvenirs.

8. Medical Expenses and Information

All medical expenses incurred by the participant will be charge to the parent's credit card on file if their insurance coverage is denied and the amount is beyond the coverage of the secondary insurance. Medical receipt will be given to the participant when he leaves the camp. If a participant is under medical treatment during the camp, it is strongly recommended to send with your registration a copy of the treatment being followed by the participant. If the participant takes special medications, he must give them to the coaches. It is mandatory to mention all allergies on the Registration form.

9. Clothing and Equipment

All participant clothing and equipment must be marked with the participant name. Only soccer shoes with molded cleats are allowed.

10. Loss and Theft

During the camp, each participant is responsible of his own personal clothes and equipment. Le Soccer Camp declines all responsibilities in case of theft or loss.

11. Valuable Objects

It is strongly recommended not to bring valuables like jewelry, walkmans, Ipods, electronic games, cameras, cellular telephones, computer laptops, team's jerseys etc.

12. Participant Leaving Premises

It is forbidden to leave the camp perimeter at all times.

13. Camp Staff

The center is managed by the director who has full power for disciplinary actions. Participants must respect all center personnel.

14. Participant Discipline

Participants must respect the other participants and camp staff. Participant must respect the wake up and bed times. Participants must follow the daily planning of the camp.

15. Sports Activities

During sports activities, the participants are under the surveillance of the coaches of the camp. Participants are assigned to a group at the beginning of the camp. They will be member of this group during their weekly stay except if the coach decides otherwise. Participants must respect the schedule and information given by the coaches. Participants will be respectful of all equipment given to them to practice sports. During the extra curricular activities and when they go off campus, participants will be under the responsibility of the educator in charge of their group.

16. Campus Hygiene and Security

Participants must only drink and eat in rooms assigned for it. Participants are under the surveillance of the coaches day and night.

All participants at Le Soccer Camp must respect and enforced the terms mentioned above. Such terms can be modified by the camp at any time.

17. Sufficient Number of Participants

The Organizer shall be entitled exceptionally to cancel your reservation should there be an insufficient number of participants for the session. In such event, the Organizer will inform you no later than one month before your camp starts. In such event, Le Soccer Camp will refund all the monies paid by you or will propose another camp.

18. Room Key Deposit

Notre Dame of Namur University charges a \$50 fee for lost key.

Le Soccer Camp is obligated to collect this fee from each participant on the first day of camp registration check in (cash or check only). Upon return of the room key at the end of camp, the deposit will be returned as it was received (cash or check) to the participant or parent.

Internet Sports Travel

Release of Liability

I give permission for my child to participate in the sports activities, hereby assuming full responsibility for all risk of injury or loss which may result from my child's participation in Le Soccer Camp activities and hereby agree to hold harmless and indemnify Le Soccer Camp (Internet Sports Travel) his agents, his contractors, his campers participants, his training sites and his service providers against all claims, demands, suits, judgments arising out of or in connection with the aforementioned activity. I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I may have or which hereafter accrue to me, against Le Soccer Camp (Internet Sports Travel) as a result of my child participation in the sports/activities.

As the parent/legal guardian of _____, I request that in my absence the above named child if required be admitted to any hospital or medical facility for diagnosis and /or treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures (including x-rays), treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual. I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named CHILD in the event of an accident, injury, sickness, etc. Any representative of Le Soccer Camp is designated to act on my behalf until I have been contacted. My medical insurance shall be the primary insurance coverage for any medical treatment. I hereby certify that I know my child's health and that he is physically fit to participate in Le Soccer Camp program and that I am unaware of any medical condition for my child.

I have carefully read this release of liability and fully understand it.

I am the parent or legal guardian of this child.

**LE SOCCER CAMP
2008 COURSE REGISTRATION FORM**

Select your camp and options:

Bobby Charlton Soccer Sports Academy (USA): Sunday June 22 to Friday June 27 <input type="radio"/> Weekend option <input type="radio"/> Day Camp Only <input type="radio"/>	Bolton Wanderers International Academy (USA): Sunday July 20 to Friday July 25 <input type="radio"/> Weekend option <input type="radio"/> Day Camp Only <input type="radio"/>
Sunday June 29 to Friday July 4 <input type="radio"/> Day Camp Only <input type="radio"/>	Sunday July 27 to Friday August 1 <input type="radio"/> Day Camp Only <input type="radio"/>

Participant First and Last Name:

Date of Birth:	Age: <input type="text"/> Boy: <input type="radio"/>
Address:	Zip Code:
City, State:	Country:
Tel Number: Mobile Telephone Number:	Emergency telephone number and Person name to contact in case of emergency:
Email address:	Nationality of Participant: Language Spoken if not English:

Does the participant have any special dietary requirements, if yes, please provide:

Does the participant take medication on a regular basis, if yes, provide details here attaching additional page if needed:

Does the participant currently have any serious illness or has had any in the past which may affect their participation in this Sports Camp, if yes, provide details here attaching an additional page if needed:

Please give contact details of the participant's local Doctor/ General Practitioner:

Camp Tee Shirt Size: <input type="radio"/> XS <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL	
Field Positions: <input type="radio"/> Striker <input type="radio"/> Midfielder <input type="radio"/> Defender <input type="radio"/> Goalkeeper	Roommate request:
Option: <input type="radio"/> San Francisco Airport (SFO) Pick-up / Drop off	
Arrival Airline and Flight number:	Departure Airline and Flight number:
Flight Arrival date and time:	Flight Departure date and time:
Where did you hear about the Le Soccer Camp? Paper/magazine [<input type="checkbox"/>] Internet [<input type="checkbox"/>] Local youth team [<input type="checkbox"/>] TV [<input type="checkbox"/>] Family/friend [<input type="checkbox"/>]	
The above information is correct. All fees and charges will be paid on or before the date on which they are due. I hereby give permission for the above participant to fully participate in the full range of sporting and social activities and also authorize the camp to take all necessary emergency measures in case of accident or incident that necessitate hospitalization or surgical intervention (which I will be financially responsible for) and release the camp of all responsibility. I also give permission for the camp to use, eventually and for professional purpose only, pictures photos taken during the camp. I have read the Terms and Conditions and agree to the contents.	
Printed Name of Parent or Legal Guardian:	Signature of Parent or Legal Guardian:
Date:	

These terms and conditions are issued by Le Soccer Camp. By your completion and submittal of registration forms, you agree and acknowledge that you have read and agree to the terms and conditions, including the Privacy Policy, of Internet Sports Travel, Inc. as provided, and updated from time to time, on www.internetsportstravel.com website.



INTERNET SPORTS TRAVEL CARDHOLDER CHARGE AUTHORIZATION FORM

Payment of fees for: _____
Name of Participant(s)

Name of Sports Camp: _____ Date of Attendance: _____

This letter shall serve as authorization for **Internet Sports Travel, Inc.**, 3790 El Camino Real, PMB 2018, Palo Alto, CA 94306, USA, to charge the following amount(s):

Reservation Deposit Fee of US \$ 400 (per week reserved) X ____ for a total of US \$ _____
and authorized for further charge prior to Date of Attendance above the Camp Fee Remaining
Balance of US \$ _____
(If your program begins in June / July 2008, all balances are due April 30, 2008)

Payment in Full of US \$ _____

to my:

Visa MasterCard American Express Diners/Enroute Discover

Card #: _____ Expiration Date (mm/yyyy): _____

Security Code: _____
(The non-embossed 3 numbers on the back of your Visa or MasterCard or the 4 numbers on the front of Amex card.)

Cardholder Name: _____

Billing Address: _____

Telephone: _____ FAX: _____ Email: _____

By my signature below, I agree to the above charges and agree not to 'chargeback' the fees authorized above. I further agree and acknowledge that the above credit card number may be charged should the named participant(s) require medical care as determined by the 'Sports Camp' or to pay for any damage to 'Sports Camp' property caused by the named participant(s). All fees to be in US dollars.

Cardholder Signature: _____ Date: _____