



SUMMER 2012

- Kids
6 - 11 years old
- Teens
11 - 13 years old
- Juniors
13 - 17 years old

(please cross the correct box)

Contact form (health and administration)

This form is required to be filled by the legal representative of the child.

LAST NAME _____

First Name _____

Date of birth _____ Age _____



VERY IMPORTANT

THIS FORM MUST BE DULY FILLED, SIGNED AND MUST BE RETURNED WITH THE REQUESTED DOCUMENTS TO THE ADDRESS MENTIONED IN THE CONFIRMATION OF REGISTRATION YOU RECEIVED AFTER YOUR SUBSCRIPTION ("YOUR CONTACT" "SECTION/PRACTICAL INFORMATION" CHAPTER) AT LEAST 2 WEEKS AFTER THE REGISTRATION. FOR A REGISTRATION WITHIN 2 WEEKS BEFORE THE DEPARTURE, THIS FORM & REQUESTED DOCUMENTS MUST BE PLACED IN THE LUGGAGE OF YOUR CHILD.

ATTENTION: please do not send the original documents (passport, identity card, insurance card, etc...) but only copies. If this form is not correctly filled, UCPA may reconsider the subscription of your child.

Centre _____ Holiday dates from _____ to _____

Name of the program _____

1 Assistance / Repatriation / Search and rescue expenses / Individual accident Cancellation / Baggage / Vacation interruption. This part must be filled in by the parents of the child

VERY IMPORTANT

We remind you that these additional guarantees are not included in the price of the stay. In order for us to provide your child the best care conditions, please inform us of your choice:

UCPA **duly suggest you to subscribe to an additional insurance policy** to guarantee the security of your child. Some insurance policies (car, home, school/insurance...) may sometimes include guarantees of assistance, but they could be restrictive. In case of an accident, if UCPA can not identify your child's insurance/assistance provider, UCPA will call on AXA assistance and you will be charged for any cost occurred (please cross the correct checkbox below).

- I have subscribed an additional insurance policy UCPA INSURANCE PACK with AXA Assistance/Cabinet Lafont including cancellation insurance /vacation interruption insurance /baggage insurance /search and rescue expenses /individual accident.
- I have subscribed an additional insurance policy UCPA ASSISTANCE PACK with AXA Assistance/Cabinet Lafont, including repatriation assistance, search and rescue expenses.
- I have subscribed an additional insurance policy UCPA PACK TOP with AXA Assistance/Cabinet Lafont, including cancellation insurance /vacation interruption insurance /baggage insurance /search and rescue expenses /individual accident /repatriation assistance /medical expenses.
- I have subscribed an additional insurance policy, which includes: repatriation assistance /search and rescue expenses /individual accident, with another company whose details are as follows:
 Company _____ Contract n° _____ Telephone number for any assistance _____
- I haven't subscribed any additional insurance policy, and I do not want to. I undertake to reimburse all search, rescue, assistance, repatriation and any other costs UCPA might incur to provide these guarantees.

2 Authorization for unaccompanied travel (only for 11-17 years old) To fill in only if you don't buy the UCPA's transportation

I, undersigned _____

- AUTHORIZE** my daughter*, my son* to travel unaccompanied to the UCPA centre and to leave it at the end of the holiday or, to travel unaccompanied when transferring between two centres of holidays.
- DO NOT AUTHORIZE** my daughter*, my son* to travel unaccompanied to the UCPA centre and to leave it at the end of the holiday or, to travel unaccompanied when transferring between two centres of holidays.

(* Please delete when inappropriate)

3 Authorization to take responsibility for a minor at the end of the stay

I undersigned Mrs* Mr* _____ Father*, Mother*, Legal representative* guardian parental authority* or having custody of the child* _____

- Authorize his/her father*, mother*, Mrs*, Mr* _____ to take in charge of him/her at the end of the holiday
- Do not authorize his/her father*, mother*, Mrs*, Mr* _____ to take in charge of him/her at the end of the holiday

(* Please delete when inappropriate)

4 Authorization for the right of personal portrayal

Within context of associative missions, UCPA could take pictures of your child during his holidays. In case you don't authorize us to take pictures, please let us know by sending a letter. Please enclose this letter with this present document, and address it to the Centre Manager.

5 UCPA Standing orders

We remind you that a prerequisite for enjoying good holidays with UCPA is that young people undertake to respect the rules of life in a group. We strongly recommend that parents and young people read the UCPA internal regulations which appear in the UCPA 6-17 catalogue. Failure to comply with the in-house regulations may lead to a discussion with parents or guardians and depending on the gravity of the situation, where the fault justifies immediate departure, the child may be sent home by the director of the centre. In this case, it supposes you undertake to take in charge your child.

Please turn over

6

Health Information (must be filled by the parents or the legal representative)

I, undersigned Mrs*, Mr* _____

① Hereby certify and attest that my child LAST NAME _____ First Name _____ Born on _____ Gender _____ have the compulsory vaccines and is medically fit for a community lifestyle.

IF THE CHILD DOES NOT HAVE COMPULSORY VACCINES (DIPHTHERIA, TETANUS, POLIO), PLEASE ATTACH A MEDICAL CERTIFICATE INDICATING CONTRAINDICATION.
NOTE: THE TETANUS VACCINE HAS NO CONTRAINDICATION.

- ②
- If your child takes part to a diving program, you have to enclose a medical certificate issued by an approved doctor. Please find the list of the French approved doctors on this web site: http://medical.ffesm.fr?page_id=67
 - If your child takes part to a parachute jumping program, you have to enclose a medical certificate issued by an approved doctor. Please find the list on this web site: www.fpp.asso.fr or by calling +33 1 53 46 68 68
 - If your child takes part to a **paragliding** or a **kitesurfing program**, you have to enclose a medical certificate issued by a doctor.

Already contracted diseases (check the appropriate checkbox(es))

- Scarletina Otitis Measles Rubella Angina Rheumatism Mumps Pertussis Varicella
 Other diseases; please specify _____

Is your child currently undergoing any form of treatment?

YES* NO If yes, please specify _____

(* if Yes, please enclose in your child's luggage, the latest prescription with the medication. Medicine should be in its original packaging.)

Does your child wet his / her bed? YES Occasionaly NO

In the case of a girl, has she started her periods? YES NO If you have any recommendation we should know, please specify _____

Cut of the child: _____ **Weight:** _____ **Size (shoes):** _____

Does your child have one of the allergies specified below:

Food* Medicine Asthma Other; please specify: _____

(* if your child has food allergies needing a specific regime during his holiday (gluten, sesame, peanut...), and if you didn't specify it when you booked your child's holidays, please contact us by emailing (service-client-ucpa@ucpa.asso.fr), as soon as possible from when you received the present document, and remember to specify the kind of allergie, your booking n°, surname et first name of your child. Our customer service could contact you in case of complementary steps to accomplish.

7

Certificate for water activities (must be filled by the parents or the legal representative)

For minor holidays, children must pass a swimming test for the practice of the following activities: canoeing, whitewater, surfing, diving, canyoning, water ski, kite surfing and swimming. Without the proof of this test accomplished successfully, your child won't be allowed to do the activities. For security matters, UCPA instructors may evaluate children comfort in the water. Please find below the list of French persons allowed to evaluate your child for the test of aquatic easiness in the form: "ATTESTATION D'AISSANCE AQUATIQUE" You must download the form "ATTESTATION D'AISSANCE AQUATIQUE" on our website ucpa.com, "Préparez votre départ", "Formalités mineurs" or by clicking here (http://www.ucpa-vacances.com/download/fstore/Documents_PDF/attestation-d'aisance-aquatiqueE12.pdf)

8

In case of emergency: immediate departure further to sanction, or shortened trip

If I am unavailable, the person to be contacted is _____

LAST NAME _____ First Name _____ Relationship to your child _____

Address _____

Postcode _____ Town _____ Country _____

Phone numbers: Mobile _____ Home _____ Work _____

If your child owns a cell phone, please specify his/her number _____

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Authorization for medical care (must be filled by the parents or the legal representative)

VERY IMPORTANT I undersigned _____
(Lastname and firstname of the person having custody of the child)

Address _____ Postcode _____ City _____

Country _____ Email _____

Phone numbers: Mobile _____ Home _____ Work _____

N° social security _____

Address of your social security _____

Authorize UCPA leaders to request all necessary medical and surgical treatment for the minor child in case of accident, emergency surgery, contagious disease or any other serious illness after consulting with a medical practitioner.:

LAST NAME _____ Firstname _____

- I undertake to reimburse to UCPA all medical and pharmaceutical expenses incurred on my behalf.
- I authorize the person specified in chapter 8 to take in charge my child in case of immediate departure.
- I undertake that I'm aware of all the clauses in the general registration and insurance conditions in the 6-17 catalogue Summer 2012 (page 274 to 277), and that I'm also aware of the specific conditions of subscription if my child has allergies or medical treatment that could require a specific following during his/her holiday.

I declare that all the details provided on this form are true and accurate

Given in _____ On the _____

Signature (mandatory), please sign after writing the recital "read and approved"