


This form must be completed in full by the person(s) legally responsible for the child.
It should be sent to the administrative address shown in the practical information.

Surname _____	First Name _____	Age _____	 <p>Photographie</p>
Gender : <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Mobile N° of your child (if he owns one) : _____		
Center _____	Name of the stay _____		
Stay from ____/____/____ to ____/____/____	<input type="checkbox"/> 6-11 y/o <input type="checkbox"/> 11-13 y/o <input type="checkbox"/> 13-17 y/o		
Name of your CE, collectivity or group : _____ (if registration was carried out by them or using their promotional code)			

I hereby Ms, Mr Surname _____ First Name _____ legal guardian(s) of the child

Surname _____ First Name _____ born ____/____/____ in _____

Address _____ Post code _____ City _____ Country _____

E-Mail Address _____

Cell phone + _____ Home phone + _____ Work phone + _____

Social Security N° _____ Address of your state health insurance _____

Universal Health Coverage YES NO (whether to join the certificate of entitlement).

1 Consent to medical care and health history

• I authorize UCPa to give to the minor any medical and surgical care that could be necessary in case of an accident, emergency surgical operation, contagious disease or any other serious illness after consulting a General Practitioner.

• The child received vaccinations and following mandatory recalls and is, to date, able to live in a community.

Mandatory vaccinations	Diphtheria	Tetanus	Poliomyelitis
Date of last booster done	____/____/____	____/____/____	____/____/____

If the child hasn't got this vaccinations, you must attach a certificate of medical contraindication for vaccinations concerned.

• The child has already contracted the following diseases :

Scarlet fever Otitis Measles German Measles Tonsillitis Rheumatism Mumps Whooping Cough Varicela (chicken pox)

• If the child has allergies, you must complete the allergy form online at <http://www.ucpa-vacances.com/formulaire-allergie/> this will allow you to give details of the allergy/allergies.

Please stipulate below the allergies which have been notified in the online form : _____

If the notified allergies prevent the child being hosted safely, the UCPa reserves the right to cancel the holiday. However, wherever possible we will offer you the following solutions: adaptation of the holiday, choice of another holiday, or, for meals, ask you to supply additional foods: plant milk, gluten-free bread, snacks, and/or call on a service provider to supply specific menus at your expense (€8 supplement per meal).

Note : monitoring of food allergies is differently implemented depending centers, so it is important to inform us regarding these allergies for each stay.

• The child, he will receive treatment during the stay ? YES NO if yes, which one : _____

(Prescriptions and medications in their original packaging should be left in children's luggage during transport, and handed to the healthcare assistant at the Centre)

• Other medical information and precautions to be taken : _____

• Bed wetting YES Occasionally NO

• For a girl, is she menstruating ? YES NO Specific instructions : _____

• Height : ____ , ____ m Weight : ____ kg Shoe size : ____

2 Additional insurance

IMPORTANT

We remind you that cover for: assistance, repatriation, search and rescue costs, individual accident insurance, cancellation, interruption of holiday and loss of luggage are not included in the price of the holiday. For your peace of mind, the UCPA strongly recommends that you check your personal cover and complement it by taking out Assur'vacances cover (Insure holidays) through our partner Mutuaide Filiale Groupama (More information at <http://www.ucpa.co.uk/footer/Insurance/>).

In the event of accident where the UCPA is unable to identify the insurer/assistance for the child, the UCPA will request assistance from Mutuaide and will require you to reimburse all amounts advanced.

I have taken out Mutuaide partner of UCPA, the insurance "Assur' Vacances".

I have taken out a Travel assistance insurance / Repatriation / Personal Accident Insurance with another insurance company / assistance company whose name and address are mentioned below :

Company _____ Contract _____ Telephone Number of the assistance department _____

I do not wish to take out a Travel assistance insurance / Repatriation / Personal Accident Insurance and I commit myself to reimburse any research, rescue, assistance, care and repatriation costs that UCPA may have within these guarantees.

3 In case of emergency: accident & expulsion

UCPA contact you priority on the coordinates that you mentioned in Chapter 1, however, it is essential to have us a second contact.

The person whom you should contact in my absence and who will welcome my child in case of early return or health problem :

Ms, Mr, Surname _____ First Name _____ Family ties _____

Address _____ Post code _____ City _____ Country _____

E-Mail Address _____

Cell phone + _____ Home phone + _____ Work phone + _____

4 UCPA Rules and regulations

To enjoy your holiday, it is essential that every participant respects the internal regulations of the UCPA and the rules of collective life drawn up by the Centre. A welcome meeting at the beginning of the holiday will be held to present and explain these rules to you. In the event of a serious breach of these rules, it may be unilaterally decided by the management team at the Centre to send you home (violence, bullying, possession or consumption of alcohol or drugs, etc.). By signing below, you understand and undertake to respect the rules as set out in the General Registration Conditions. (www.ucpa-vacances.com/cgi/).

Given at _____

Signature of the child

On ____/____/____

(Compulsory, preceded by the handwritten phrase "read and approved")

5 Consent to take pictures or film recordings of your child

UCPA may take pictures or film recordings of your children while practising a sport or during daily life and to use them on any advertising medium without time and place limit. UCPA reserves the right to transfer one's property of these pictures to legal entities of the Group, which may use them under the same conditions. If you do not wish that your child be photographed or filmed during his stay, please write a letter indicating your refusal. This letter must be attached to this form.

6 Consent to take care of the minor at the end of the stay

I AUTHORIZE Mme, Mr, Surname _____ First _____ to take care the child at the end of the stay.

I AUTHORIZE the child to travel unaccompanied to leave the UCPA center at the end of his / her stay or if necessary during a transfer between two centres (only for 13-17 years).

I DO NOT AUTHORIZE the child to travel unaccompanied (excluding Pure Action holidays).

For Pure Action holidays : I fully understand that the child will travel without supervision and that, on return, he/she may leave the UCPA transport arrival point unaccompanied.

Your commitment

• I certify that I have fully understood the documents to be produced mentioned in the practical information in the "Administrative Formalities" chapter and undertake to attach those documents to this medical information sheet. In particular, you must attach :

- A medical certificate declaring there is no reason not to practice diving, kitesurf, speedriding, paragliding, parachuting, gliding, if the holiday includes at least one such session. (Use the medical certificate template at <http://www.ucpa-vacances.com/> section "Preparing for your holiday").

- A declaration of swimming ability if the holiday includes at least one session of water sports and/or white water activity (Does not apply to swimming or underwater activities).

- A photocopy of the identity card and/or passport of your child in the event of travel abroad.

• I undertake to reimburse UCPA all expenses which may be incurred on the occasion of medical, pharmaceutical, repair and / or replacement equipment available.

• I certify that I have read and understand the programme and the sports planned during the stay and authorize the child to take part in this/these activity(ies).

• I understand that if this sheet is not completed correctly, the child's registration will not be accepted and the child will be unable to be accepted at the Centre. For a registration less than ten days before the departure date, please put the entire file in the child's luggage.

• I certify that I have read, understand and accepted any clause from the general terms and conditions for the registration and insurance of UCPA.

• I agree with any expulsion decision of my child and I undertake to fetch him/her or make him/her fetch by the person that I mentioned in "In case of emergency: accident & expulsion" during the length of the stay and immediately.

• I acknowledge that the information written on page 1 and 2 of this Medical Information & Consent Form are right and sincere.

Given at _____

Signature of legal guardian(s)

On ____/____/____

(Compulsory, preceded by the handwritten phrase "read and approved")

Please note that you should not enclose to this file any payment. To settle the balance of your registration please refer to the address mentioned in your confirmation.

(This document will be kept at the centre after the stay)