

**MINOR STUDENTS FORM (under 18)
PARENTAL CONSENT / RESPONSIBILITY / MEDICAL EMERGENCY**
Please send back this document once completed to : info@ciel.fr

*To help the Ciel Bretagne team to assist your child in the best possible conditions, we kindly ask you to send us the attached document "Form for underage students" and its 2 annexes duly completed and signed 2 weeks before the start of your child's language stay.
If you do not respect this deadline, your child will not be able to start the language course.*

SURNAME of the minor student (in cap. letters): _____

Forname: _____

Date of Birth (dd/mm/yyyy): _____ / _____ / _____,

Nationality: _____

Dates of the language stay (dd/mm/yyyy): from _____ / _____ / _____ to _____ / _____ / _____

I undersigned (SURNAME, forname): _____

Acting as **the mother** **the father** **the legal guardian**

of the child named above, acknowledges the existence of these risks, and agrees that my child may participate in a Ciel Bretagne program. We understand that Ciel Bretagne cannot guarantee the health and safety of all participants or eliminate all risks. Ciel Bretagne's role will begin when the student arrives in Brest and will end when the student is taken to the airport or train station on the day of departure. The trip from the country of origin to Brest is the responsibility of the parents and/or accompanying persons from the country of origin.

In my capacity as a holder of parental authority:

1. I declare that I have taken out all the necessary insurance policies to cover my child during his/her stay in France, particularly regarding civil liability, transportation, theft, accidents, medical repatriation, etc.

I hereby provide the name, address, and number of our insurance policy as well as the 24-hour assistance number:

2. I accept that my child is under the responsibility of Ciel Bretagne only during the hours of his/her classes and excursions organized by Ciel Bretagne.

3. I understand and agree that Ciel Bretagne cannot be held responsible for my child's actions outside the Ciel Bretagne premises and that Ciel Bretagne is not obliged to supervise my child outside its premises, even if he/she is absent from classes. Ciel Bretagne will immediately inform parents of any unjustified absence from class. I release Ciel Bretagne from any responsibility in case my child encounters any problems outside Ciel Bretagne (security, theft, etc.)

4. I am financially responsible for any damage caused by my child during his/her stay.

5. I am aware that by enrolling my child at Ciel Bretagne, he or she is part of a language program provided by a language centre and therefore that by no means can this be considered a "colony or holiday camp for underage students".

6. I have read and understood that, as part of my child's language stay, he/she will have the opportunity to register for and take part in cultural activities offered by Ciel Bretagne. These activities are supervised by the Ciel Bretagne staff: visits to museums, excursions to nearby towns by coach, train, or boat (professional companies), etc.

7. Ciel Bretagne must be informed if your child is authorized to practice a water activity supervised by professionals. Please check the appropriate boxes:

My child can swim more than 25 meters on his/her own: YES NO
 I do not authorize any such activity.

8. I allow Ciel Bretagne or the host family to take all the necessary medical or surgical measures, including hospitalization or medical repatriation, in the best interests of my child and at my cost, if he/she should be sick or have had an accident. I discharge Ciel Bretagne or the host family from any liability related to such actions.

9. I also inform Ciel Bretagne by means of the attached form "Liaison Health sheet" of any medical treatments followed by my child and possible allergies and / or drug intolerances and / or problems during physical exercises

10. I certify that I have had a European health insurance card drawn up (certificate required for all students who are nationals of the European Union): YES NO

11. If your child is under the responsibility of a host family selected by Ciel Bretagne:

I allow my child to go out: YES* NO
If yes*: the week, maximum up to 11:00 PM YES* NO
on weekends, (Fridays and Saturdays) Unrestricted
 With restriction, up to (Time to be specified): _____

12. I accept that my child is under the responsibility of his host family only at the times when he is deemed to be at home according to your wishes (see point N°11)

13. I understand and accept that his host family cannot be held responsible for my child's actions outside the dwelling and that the host family is not obliged to supervise him outside his accommodation. The host family will keep Ciel Bretagne informed of the non-respect of the child's exit times. I relieve my child's host family of any responsibility in case he encounters any problems outside his accommodation (security, flights etc.) and if he does not respect the exit times.

14. I accept that Ciel Bretagne will take the necessary measures in the event of non-compliance with the exit times, the elementary rules of safety, good behaviour during the stay in France of my child, knowing that I will be financially and legally responsible for the actions of my child (the costs of repatriation and all other costs incurred for the return home of my child will be at our expense). I understand and accept that if my child continues to fail to comply with the rules in force despite a warning, he or she will be liable to be excluded from the programme and repatriated to his or her home.

15. I declare my commitment not to take legal action against Ciel Bretagne or the host family or to ask for reimbursement of expenses if my child should be dismissed for breach of the rules of good conduct in class or in his host family, or if my child did not regularly attend classes.

16. I declare that I have read the general conditions of sale and accept them all.

17. I declare that the information provided in this form is accurate and complete.

Done at (city, country) _____,

Date (*dd/mm/yyyy*): _____

the mother

the father

the legal guardian

Handwritten signature:

Important information:

Parents' phone number that can be reached 24h/24 during your child' stay

Ph. N°1: _____

Ph. N°2: _____

Email: _____

Address: _____

Reminder: In the absence of the duly completed and signed document, your child will not be able to start his stay.