

FORM FOR UNDERAGED STUDENTS (under 18 years old)

Authorization of the legal representative/Medical emergency

To be returned once completed to: info@ciel.fr

To help the supervisory team assist your child in the best possible conditions, we kindly ask you to send us the attached document "Form for minor students" and its 2 appendices 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 stay.

NAME of the minor student (in capital letters): _____

Given name(s): _____

Date of birth: (dd/mm/y) : _____ / _____ / _____,

Nationality: _____

Dates of the stay: (dd/mm/y) : of the _____ / _____ / _____

at _____ / _____ / _____

I, the undersigned, (NAME, NAME): _____

Acting as **father** ☐

mother ☐

legal guardian ☐

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

In my capacity as the holder of parental authority:

1. I declare that I have taken out all the necessary insurance to cover my child for the duration of his or her stay in France, and in particular with regards to civil liability, transport, theft, accidents, medical repatriation, etc. I provide below 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 or her classes and excursions organized by Ciel Bretagne.

3. I understand and accept that Ciel Bretagne cannot be held responsible for the actions of my child outside the Ciel Bretagne premises and that Ciel Bretagne is not required to supervise him or her outside its premises, even if he or she is absent from classes. The Ciel Bretagne will immediately keep parents informed of any unjustified absence from classes. I release Ciel Bretagne from any responsibility in case my child encounters any problems whatsoever outside Ciel Bretagne (safety, theft, etc.)

4. I am a financial guarantor in the event of voluntary damage caused by my child during his or her stay.

5. I am aware that by enrolling my child in Ciel Bretagne, he or she is part of a language program provided by a language center. That this is in no way a "summer camp or camp for minors" program.

6. I declare that I am aware that, as part of his or her language stay, my child will have the opportunity to register and participate in cultural activities offered by Ciel Bretagne. These activities are supervised by the staff of Ciel Bretagne: visits to museums, excursions to nearby towns by bus, train or boat (professional companies), etc.

7. The Ciel Bretagne must be informed if your child is allowed to practice a water activity supervised by professionals.

Please tick the corresponding boxes:

My child is able to swim more than 25 meters on his own: YES ☐ NO ☐

☐ I do not allow any such activity.

8. I authorise Ciel Bretagne or its host family to take, in the event of my child's illness or accident, on medical advice, all necessary medical and surgical measures, including hospitalisation and medical repatriation at my expense. I release Ciel Bretagne or the host family from any responsibility for such actions.

9. I also inform Ciel Bretagne using the attached form "Health Sheet" of any medical treatments followed by my child and of any allergies and/or drug intolerances and/or problems during physical exercise

10. I certify that I have had a European Health Insurance Card drawn up, if applicable, (certificate necessary for all students who are citizens 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 during the week (from Sunday to Thursday), until 9 p.m.:

☐ YES

☐ NO

I allow my child to go out on weekends (Friday and Saturday), until 10 p.m.:

☐ YES

☐ NO

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

13. I understand and accept that my child's foster family cannot be held responsible for my child's actions outside the home and that the host family is not required to supervise him outside of his home. The foster family will keep the Ciel Bretagne informed of the non-compliance with the child's discharge times. I release my child's foster family from any responsibility in case he encounters any problems whatsoever outside his accommodation (security, thefts etc.) and if he does not respect the exit times.

14. I agree that Ciel Bretagne will take the necessary measures in the event of non-compliance with the departure times, the basic rules of safety, good behaviour and behaviour during my child's stay in France, knowing that I will be financially and legally responsible for my child's actions (the costs of repatriation and any other costs incurred for the return home of my child will be borne by us). I understand and agree that, in the event that my child continues to fail to comply with the rules in force despite a warning, he or she may be excluded from the program and repatriated to his or her home.

15. I declare that I undertake not to take legal action against Ciel Bretagne or the host family or to request reimbursement of expenses in the event that my child has to be expelled for failure to comply with the rules of good conduct in class or in his or her host family, or if my child does not attend classes regularly.

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

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

Made at (city, country): _____,

The (dd/mm/y) _____

☐ Father

☐ Mother

☐ Legal guardian

Signature:

Essential :

Parents' telephone number where they can be **reached 24 hours a day during their child's stay:**

Tel. 1: _____

Tel. 2: _____

Email: _____

Address: _____

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

Appendix 1: liaison medical form

Appendix 2: Image rights authorization