



**REGISTRATION FORM
CAMP FC BARCELONA 2011 LUXEMBOURG**

Surname and name of participant.....

Address.....

City Postcode

Email Date of birth

SIZE: T-shirt (in brackets age/size)

- | | |
|--|---|
| <input type="checkbox"/> XS (7-8 yrs/122-128 cm) | <input type="checkbox"/> S (8-10 ans/128-140 cm) |
| <input type="checkbox"/> M (10-12 yrs/ 140-152 cm) | <input type="checkbox"/> L (12-13 ans/152-158 cm) |
| <input type="checkbox"/> XL (14-15 yrs/158-170 cm) | <input type="checkbox"/> Other |

TRAINING PERIOD 1 - From 11 July 2011 to 15 July 2011 (08:45 - 18:00)

- Boy (EUR 350)
- Girl (EUR 350)

TRAINING PERIOD 2 - From 18 July 2011 to 22 July 2011 (08:45 - 18:00)

- Boy (EUR 350)
- Girl (EUR 350)

TRAINING PERIOD 3 - From 11 July 2011 to 15 July 2011 and to 18 July 2011 to 22 July 2011 (08:45 - 18:00)

- Boy (EUR 600)
- Girl (EUR 600)

Payment: Bank transfer or deposit in current account number of Penya Barça de Luxembourg: **BGL: IBAN LU96 0030 3301 6107 0000** (you have to indicate the name of the participant in the proof of payment).

Accident insurance is included.

In case of emergency please call contact

Mr/Ms.....

Name of father/mother/guardian of the participant

Other contact phone numbers

Other contact emails addresses

I hereby declare that the participant.

a) does not suffer from any disease or cardiac or respiratory conditions, or from any other type of conditions that prevents him/her from practising sports or in other activities held in the **CAMP FCBARCELONA LUXEMBOURG 2011**.

b) does not suffer or has not suffered from a disease that still requires medical treatment and therefore does not need any type of specific medical assistance.

c) does not suffer from any type of allergy and/or intolerance to medication or to food taken during the Camp.

If the participant suffers from an illness or needs supervision or a specific treatment, kindly indicate below

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.....

By this letter, the father/the mother/the legal guardian **AUTHORIZES** **Penya Barça de Luxembourg** and the **CS FOLA** to take photographs or videos of the participant during the **CAMP FCBARCELONA LUXEMBOURG 2011** activities organized by **Penya Barça de Luxembourg** and the **CS FOLA**, and **ALLOWS** that these photographs or videos to be used by **Penya** and the **CS FOLA** for its promotion.and/or information, and renounces any claim or compensation in relation to these photographs or videos.

The undersigned accepts that **Penya Barça de Luxembourg** may cancel one of the training periods of **FCBARCELONA CAMP LUXEMBOURG 2011**, or both, if it fails to reach a minimum of fifty (50) enrolments. In case of cancellation, those registered will be entitled to recover the cost of registration.

Likewise, participants who, after having been registered for the **FCBARCELONA CAMP LUXEMBOURG 2011**, would like to cancel their participation for non-medical reasons, may do so until 26June 2011.In this case they will get a 75% reimbursement of the pre-paid amount.

Signature and ID card number of the account holder and of the father/the mother/the legal guardian of the participant.

Account holder

Father/mother/legal guardian of the participant

Note: Please attach to this application form, a copy of proof of payment/bank transacton
email: penya.barca.de.luxembourg@gmail.com