

**JUNIORS**

**Students accompanied by their parents**

## **ENROLMENT PROCEDURE 2011**

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**Please complete this enrolment form and send it to CAREL - Registration service.**

48, boulevard Franck Lamy BP 219C 17205 ROYAN Cédex FRANCE

Tel. 33 (0)5 46 39 50 15 - Fax 33 (0)5 46 05 27 68 inscription@carel.org

**with a 50 € deposit .**

Method of payment chosen (please tick appropriate box) :

Credit card

Cheques payable in € to CAREL Royan.

Bank transfer in € to : CAREL ROYAN

Bank Trésor Public 14, rue Réaumur 17000 LA ROCHELLE

IBAN : FR 76 1007 1170 0000 0020 0247 841 Swift(BIC) : TRPUFRP1

*Please join the photocopy of the bank transfer.*

**Bank fees will be charged to parents.**

**The remaining fees are due upon arrival.**

### Enrolment deadline

All duly completed documents must be sent before **1ST JUNE 2011.**

Beyond this deadline, we recommend that you contact our French Department by phone 33 (0)5 46 39 50 16 / 33 (0)5 46 39 50 00 or e-mail [français@carel.org](mailto:français@carel.org) to enquire about vacancies.

### Cancellations

#### **1. Cancellation of courses, cancellation of sports activities.**

Cancellation must be made in writing. Cancellations, at any time, do not entitle students to the refund of the deposit (50 €).

#### **2. Cancellation by CAREL**

The CAREL reserves itself the right to cancel or postpone a course when the number of students enrolled is insufficient. In this case, all sums paid will be refunded with no extra compensation.

#### **3. Early departures or late arrivals**

Payment of full tuition fees is still due when a student leaves the course or sport activities.

When a student is obliged to leave the programme (force majeure), the tuition fees covering the part attended will be required. If the student does not attend the course or sport activities as expected, no refund of tuition fees will be made.

#### **4. Cancellation of lunches**

Students who have chosen to the lunch option but who change their mind, must do so 15 days before the start of the programme. When not, a fixed sum of 46 € will be required.

No refund will be made after the programme has started.

# « Juniors 2011 »

Please, join one  
 passport-size  
 Photograph

**12-17 year-old-students accompanied by an adult**

## ENROLMENT FORM

Miss       M.

**NAME** | \_\_\_\_\_

First name .....

Date of Birth | \_\_\_\_\_ | Nationality .....

Address .....

Zip Code ..... City .....

Country .....

Parents' phone ..... Parents' cell phone .....

Parents' Fax ..... Parents' E-mail .....

How many years of French have you had in the past? ..... How many hours of French per week? .....

Type of school attended?     Private school     French school     Alliance française  
 Others .....

Are you parents French speakers? :  No     Yes    If Yes, do you speak French at home? :  No     Yes

Previous programmes in French-speaking countries?  No     Yes  
 Country ..... Duration .....

Have you already followed a course at CAREL?  No     Yes - Year(s) : .....

How do you rate your level in French ?  Elementary     Intermediate     Advanced

### French courses - Creative workshops - Sport activities

Please tick a start date		Duration of programme
<input type="checkbox"/> 27.06.2011	<input type="checkbox"/> 25.07.2011	Number of weeks:  .....
<input type="checkbox"/> 04.07.2011	<input type="checkbox"/> 01.08.2011	
<input type="checkbox"/> 11.07.2011	<input type="checkbox"/> 08.08.2011	
<input type="checkbox"/> 18.07.2011		

**Ending date of Junior programme:  
 Friday 12 August 2011**

A minimum of two weeks is advised.

9am / 12am

**French courses**

12am / 1:30pm

**Lunch at « Lycée de l'Atlantique »**  
 (from Monday to Friday)  
  
 Yes     No

**Option 1: Creative workshops**

2:pm / 4:00pm

Theater
Multimedia writing, journalism (blogging, photo, vidéo)

**Option 2: Creative workshops + sports activities**

*Choose a single sport activity per week.*

	Sailing	Surfing
4:00pm / 7:00pm	Week 1	<input type="checkbox"/>
	Week 2	<input type="checkbox"/>
	Week 3	<input type="checkbox"/>
	Week 4	<input type="checkbox"/>
	Week 5	<input type="checkbox"/>
	Week 6	<input type="checkbox"/>
	Week 7	<input type="checkbox"/>

**AUTHORISATIONS - AGREEMENTS  
and mandatory administrative documents.**

I undersigned,  Mr  Ms .....

acting as  father  mother  guardian

Of M., Miss . .....

Address while in Royan and vicinity

.....

Home phone ..... Cell phone .....

Professional phone .....

**① AUTHORISATIONS**

- I authorise** CAREL and the programme partners to transport my son/daughter when necessary in their vehicles.
- I authorise** CAREL and programme partners to take all necessary emergency measures including hospitalisation and surgical operation as prescribed by doctors in case of sickness or accident and only if I/we could not be contacted.
- I authorise**  **I do not authorise**  
CAREL and the programme partners to use photographs of activities featuring my son/daughter for promotion purposes on CAREL's and programme partners' websites.

**② DECLARATIONS**

- **I agree** that I will not hold CAREL and the programme partners responsible for any accident / incident caused by my son/daughter outside CAREL and programme partners premises and places of activities.
- **I understand** that if my under-age son / daughter does not abide by CAREL's and programme partners' rules, and/or my authorisations, the organisers and their partners reserve themselves the right to interrupt my son /daughter's stay in Royan without notice and without any possibility of a refund.

Date.....

**Parents' / Guardian's signature**  
*Preceded by «Read and approved»*

**If you have chosen the « lunch » option please complete the following.**

Any remarks concerning the student's health (special diet, allergies, regular medication, ...)

.....  
.....

**If you have subscribed the « sailing» option, please indicate the type of wished training course:**

- Beginner level                       Intermediate level

**If you have subscribed the « sailing» and/or « surfing » options, please complete the following.**

**MANDATORY ADMINISTRATIVE DOCUMENTS**

**Photocopy** of my son's/daughter's medical and repatriation insurance certificate and a liability certificate (*I understand however that my son/daughter will have to pay for his/her doctor's visits and prescriptions*).

**Swimming certificate.**                      *Please include a photocopy.*

**Medical certificate (included swimming).**

Either ask your doctor to fill this in or enclose a separate medical certificate from your usual doctor.

I, the undersigned, Dr .....

Surgery address .....

.....

Certifies that Miss, M..... ,

Date of Birth .....

does not show any clinical signs which prevent my patient from practising sports activities (included swimming).

Date .....

Doctor's signature and stamp

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**CAREL**  
**Centre Audiovisuel de Royan pour l'Etude des Langues**  
**BP 219 C boulevard Franck Lamy Place Jean-Noël de Lipkowski**  
**17205 ROYAN CEDEX**

**Tel. 33 5 46 39 50 00 Fax 33 5 46 05 27 68**  
**www.carel.org info@carel.org**

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