



FC BARCELONA CAMP DELHI 2012



REGISTRATION FORM

RECENT
PASSPORT
SIZE
PHOTOGRAPH

APPLICANT'S DETAILS

Name: _____

Gender: Male Female Date of Birth :

Height: _____ Weight (in kg.): _____ Age (must be between 6 and 17 yrs on 30/12/2011): _____

Name of School and Class: _____

Preferred Mobile No.: _____

Preferred E-Mail ID: _____

Medical Conditions: No Yes If yes, please specify in the attached form.

Jersey/Shirt Size: **YOUTH SIZE**
(as per Nike Sizing) Y-XS Y-S Y-M Y-L Y-XL

ADULT SIZE
S M L

Are you interested in training as a Goalkeeper: No Yes

PARENT'S DETAILS

Father's Name: _____ Mother's Name: _____

Mobile No.: _____ E-Mail ID: _____

Address: _____

EMERGENCY CONTACT DETAILS

Name: _____

Relation: _____ Mobile No.: _____

SELECT VENUE AND BATCH			
<input type="checkbox"/> The British School, Chanakyapuri, New Delhi (Dates : 30 th Dec. 2011 - 4 th Jan. 2012) 1 st Jan. 2012 will be a holiday	<input type="checkbox"/> The Heritage School, Gurgaon (Dates : 6 th Jan. 2012 - 10 th Jan. 2012)		
<input type="checkbox"/> 1 st Batch : 10am-1pm	<input type="checkbox"/> 2 nd Batch: 2pm-5pm	<input type="checkbox"/> 1 st Batch : 10am-1pm	<input type="checkbox"/> 2 nd Batch: 2pm-5pm

HOW DID YOU HEAR ABOUT THESE CAMPS ?

- Venue Promotion
 Promotional E-mail
 School
 Newspaper
 Family/Friend
 Website/Facebook
 Other _____

PAYMENT DETAILS

CAMP FEES - Rs. 12600/- (inclusive of Official FCB Escola Kit - 1 Soccer jersey, 1 pair of shorts and 1 pair of socks)

Cheque/DD/Pay Order No. : Date : Amount :

Name of Bank : _____ Branch: _____

CREDIT CARD PAYMENTS :

Card Type : Visa Master Card Card Number:

Expiry Date: __ __ __ __ Name : _____

Payer's Address if different from above : _____

Cardholder signature : _____

PRIVACY CONSENT :

By submitting this form, you expressly consent that Conscient Football which is operating FCBarcelona Camp may share your personal information (a) to provide products and services you request, (b) for consumer profiling and market research.

Please note that registration are subject to realization of payments.

INSTRUCTIONS FOR COMPLETING THE REGISTRATION

1. Please fill the form in Block Letters.
2. Registration form should be signed by parents only.
3. The printed and signed form including medical and consent form, alongwith the Cheque/ DD/Pay Order of requisite amount drawn in favor of "**Conscient Football**" payable at New Delhi has to be deposited at any of the following centers **(Timing : - 8am-3pm) :-**
 - a) **THE HERITAGE SCHOOL, SECTOR-D/2, VASANT KUNJ, NEW DELHI-110070**
 - b) **THE HERITAGE SCHOOL, SECTOR - 62, GURGAON, HARYANA-122011**
 - c) **THE HERITAGE SCHOOL, PLOT NO.: 8, SECTOR - 23, ROHINI, NEW DELHI-110085**
4. One copy of the applicant's proof of birth and 2 photographs must accompany this form.
5. Receipt will be issued, upon request.

TERMS AND CONDITIONS FOR REGISTRATION

FITNESS

1. You must ensure that the applicant is physically fit and able to participate in the camp activities and accordingly you accept all risks resulting from participation in the camp.
2. Failure to disclose correct medical or physical information may exclude the Applicant from participating in the camp.
3. We may require additional information depending on the medical information supplied to us by you before we can accept your registration.
4. In the event that the applicant needs medical attention during any camp, you agree that we may provide and/ or arrange for any appropriate and necessary treatment at your cost.
5. Player must be of correct age for the camp at the start date of the camp.

GENERAL

6. The safety and well being of all applicants attending our camp is our primary concern. We therefore reserve the right to remove from our camp, without refund, any applicant who is found bullying, behaving in a way that may be a danger to others or who is generally disruptive. If the player is removed from our camp, it is your responsibility to organise and pay for any travel, accommodation or other expenses incurred.
7. You are responsible for arranging and paying for the applicant's return travel to the camp venue.
8. An acknowledgment email will be sent out before the start of the relevant camp to confirm whether or not your registration has been accepted. If an acknowledgement email is not received within 7 days of you placing your registration. please call us at **0124- 2855000 , +91-9650445657**.
9. You hereby grant us with the indefinite worldwide right, without the need for approval or compensation, to use the applicant's name, photograph, video or film portrayal, image, likeness, interview, voice or sound in any media whatsoever for advertising, promotional or commercial purposes.
10. All applicants are required to wear shin pads, football socks, football shoes (studs) and the kit provided to them to all the sessions.
11. Neither you nor the applicant shall disclose or use any aspect of our camp for commercial purposes.
12. If you are not the applicant's parent or guardian, you confirm that you have made such parent or guardian fully aware of this registration and of these terms and conditions and they have agreed to these terms and conditions.
13. These terms and conditions and your registration shall be governed by and interpreted in accordance with the laws of India and shall be subject to the exclusive jurisdiction of the Delhi Courts only.

REFUND POLICY

14. No refund can be given for cancellation received for camp fee, less than 2 weeks prior to the date of the starting of relevant camp.
15. The registration is non-transferable.
16. All camps, activities, venues and other arrangements are subject to change according to weather, venue availability, a satisfactory level of applicants or other factors beyond our control. As such, we may cancel or change any camp, should this be necessary for these reasons. If we do have to cancel a camp, we will offer an alternative camp (if available and suitable) or a full refund of registration fee only.
17. Submission of Registration Form does not guarantee a place in the camp of the applicant. The Decision of the Conscient Football will be final in this respect. If registration form of the applicant is not accepted or the applicant is not admitted to the camp, then, only the Registration Fee will be refunded within 15 days of start of the camp. Apart from this, Conscient Football will have no other liability.
18. No refund is permitted for applicant's failure to attend the camp.

LIABILITY

19. We do not accept responsibility for any death, personal injury or loss of or damage to property other than to the extent that it results from our gross negligence or wilful misconduct. You are responsible for arranging and paying for travel to camp venue and vice versa. .
20. The cost of any damage caused by you or any applicant you have booked on the camp to any property or facilities will be passed on to you.

Date: _____

Signature of Parent/Guardian: _____

MEDICAL FORM

Applicant's Name : _____ Age : _____

Year /Class: _____ Date of Birth: _____ Gender: _____

Address: _____

Physician's Name: _____ Contact No. : _____

My Child has had the following : (Please tick). Medical Condition and background Allergies:

Allergy to	Name Allergen	Severe Anaphylaxis	Slight/Non Life Threatening	None
Foods				
Insects				
Drugs				
Animals				
Grasses, pollen				
Other				

Describe what happens during a reaction :

In the event of a reaction, what actions are necessary ?

Has hospitalization occurred because of a reaction; No Yes Date _____

Name of allergy and medication _____

ASTHMA :

Does your child suffer from asthma ? Yes No

If "yes" Please indicate how severe your child's asthma is :

MILD	MODERATE	SEVERE
Attacks are rare, limited mostly to tightness and wheezing.	Occasional attacks which can be self managed using prescribed medication.	Attacks are regular, severe and have required hospital treatment.

When was your child's last asthma attack ? _____

Did your child require medical / hospital treatment ? Yes No.

Please list the triggers of your child's asthma attacks :

Does your child have any other medical problem that may require Emergency Care ?

Currently taking long-term medication ?

Yes

No

If yes, please give additional information:

Had your child had a tetanus injection within the last 5 years:

Yes

No

I have completed this medical form accurately, truthfully and to the best of my knowledge as of today's date. I understand that it is my responsibility to inform Conscient Football of any new medical condition or change in this information.

Signature of Parent / Guardian _____ Date _____

Name of Parent /Guardian _____

Print name of Applicant _____ Relationship to Applicant _____

CONSENT

I give my full consent for my child, _____, to participate in **FCBARCELONA CAMP 2011-12**. I confirm that I have notified Conscient Football of any medical difficulties that could affect my child's ability to participate fully in these activities. I understand that some activities may be strenuous and that a reasonable standard of fitness for them is essential. I assume full responsibility for any claims, losses, costs, articles or liabilities arising out of or related to my child's participation in the camp. In cases of medical emergency, I hereby delegate Conscient Football's staff the power to authorize and obtain any necessary diagnosis and treatment for my child and I will bear all costs of the same.

I accept that camp activities carry with them some degree of risk both to person and property and knowing this risk, I still desire my child to participate in the camp program, unless I have specified otherwise in writing. In the unlikely event of an accident, I release, waive and hold harmless the Conscient Football, its sisters concern, coaches, technical staff and directors, other co-partner from any claims, losses, damages or expenses which may arise during the camp programe. I also agree with the rules and code of conduct for players, parents and co-ordinator.

I, _____, the parent/guardian of _____ have read and approve the above and agree to all terms and conditions.

Signature of Parent / Guardian _____

Date _____

Name of Parent/Guardian _____