



MEMBERSHIP FORM

September 2024 - August 2025

Please fill out this document in CAPITAL LETTERS

LAST NAME:First Name:

Date of Birth:/...../..... Place: Nationality.....

Address:

Postal Code: City:

School * Class:

Number of brothers: sisters:

Member

Personal Phone: Home Phone:Email.....

PARENT 1

Name and First name:

Profession and workplace:

Phone:Email:

PARENT 2

Name and First name:

Profession and workplace:

Phone:Email:.....

Emergency Contact (other than parents)

Names and First names..... Relationship.....Phone numbers

** Please provide a school certificate for the 2024-2025 year to validate the membership.*



PARENTAL PERMISSION

I, the undersigned, parent/legal guardian of the child
....., certify the accuracy of the above information and:

☐ I authorize my child ☐ I do not authorize my child

1/ To participate in all activities organized by the Centre de la Jeunesse Princesse Stéphanie that do not exceed 24 hours (outings, sports, visits, etc.)

2/ That I have read the internal rules of the Center displayed at the reception.

I also authorize my child to return home alone after activities: Yes ☐ No ☐

Date:

Signature:

AUTHORIZATION TO BE FILMED / PHOTOGRAPHED

I, the undersigned, parent/legal guardian of the child
.....

☐ I authorize my child ☐ I do not authorize my child

to be photographed or filmed during the Center's events and for the distribution (website, social media, local press, TV, photo exhibitions...)

Date:

Signature:

OTHER INFORMATION

Specify any health issues or other useful recommendations:

.....
.....

FOR USE BY CJPS ONLY

Annual membership payment: 60€ ☐ Credit card ☐ Cash

Centre de la Jeunesse Princesse Stéphanie

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