REGISTRATION FORM

Summer stay 2025

PHOTO (recent)

GROUP - □ 8 / 12 years □ 13 / 17 years

DATES - Two 14-day stays offered:

□ Sunday July 13 to Saturday July 26, 2025

□ Sunday July 27 to Saturday August 9, 2025

PARTICIPANT -

Last name: ..... First name: .....

Date of birth: ..... / ..... / .....

Place: .....

Age at the start of the stay: .....

Class 2024-25: .....

Address: .....

Participant's phone: .....

Participant's email (in capitals): .....

Centre de la Jeunesse Princesse Stéphanie
45 avenue des Papalins 98000 Monaco - +377 93.50.75.05 - accueil@cjps.mc

LEGAL GUARDIAN -

Name and First name: .....

Address: .....

Parent 1 phone: ..... Email (capitals): .....

Parent 2 phone: ..... Email (capitals): .....

OTHER CONTACTS (other than parents) -

Name and First name: ..... Relationship: ..... Tel: .....

Name and First name: ..... Relationship: ..... Tel: .....

AUTHORIZATIONS -

□ I authorize participation in the stay organized by the Centre de la Jeunesse Princesse Stéphanie.

□ I authorize the facilitators to take necessary actions for the child's condition and to reimburse any medical expenses incurred by the Center.

□ I authorize my child to be filmed/photographed during the stay and the distribution/reproduction of images on the Center's communication platforms (posters, website, social media, etc.) in compliance with regulations.

□ I do not authorize it.

Date: .....

Signature of participant:

Signatures of parents: