



REGISTRATION FORM

MILAN JUNIOR CAMP LARNACA (10th – 14th April 2017)

**For players born between
01.01.2001 and 01.04.2011**

We are proud to present in LARNACA for the second consecutive year a special Easter event: in collaboration with the football school of AC Milan Junior Camp, the most successful European football club, we are offering to all football boys and girls aged 6 to 16, the opportunity to learn the tricks and techniques of Italian champions. The participants will be divided in groups according to age and ability, to ensure a training program according to individual skills. Two daily training sessions and a varied free time programme.

The training camp will take place on the pitches of AEK Larnaca FC, Stadium Complex GSZ, and includes the following:

- Training (2 sessions per morning) led by an AC Milan Junior Camp coaches
- Adidas AC Milan Junior Camp sportswear sponsored "Fly Emirates" (2 jerseys, 1 short, 1 pair of socks) or special sportswear training for goalkeepers
- Varied snack each morning
- Final tournament with awarding of diplomas and closing ceremony.

Training starts at 08.30 Monday to Friday, end of the camp day is at 14.00.

Further information about the camp:

Milan Junior Camp Milano - **Angelo LAQUINTANA**, +352 621 290943,
milanjcamp@allsoccer.it / alaquintana@gmail.com

AEK Larnaca FC, Stadium Complex GSZ, Mr. Anastasis Stylianou, a.stylianou@aek.co.cy

Please fill in all sections and ensure relevant parts are signed and posted/delivered to the club, AEK Larnaca FC or directly email as attachment to milanjcamp@allsoccer.it

**Binding registration for the AC Milan Junior Camp (10th -14th April 2017)
in Larnaca, for the price of EUR 175.**

Participant information

First name, Last name _____
Guardian _____
Full Address _____
Post Code _____
Date of birth _____ Height _____
Gender _____
Emergency contact phone _____
Preferred Email _____
Position (please, specify if Goalkeeper) _____
Football/sport club of the participant (if any):

Together with the submission of your application, the full payment of **EUR 175** (indicating the participant's name) should be secured to the following bank account:

BANCA PROSSIMA

Code Swift: --

IBAN: --

An email will be sent to confirm receipt of submission and payment. Places will only be secured with full payment. Please note the number of participants is limited. For cancellations within 3 weeks to the camp start date, 50% of the registration fee is due. With the cancellation all claims against the organiser are void. The organisers hold no responsibility for medical costs due to injuries and/or illnesses causing the delayed cancellation. We reserve the right to exclude participants with unsportsmanlike behaviour at any time, without refund of the registration fee.

In case of less than 40 applications, the organisers "ALL SOCCER MILAN JUNIOR CAMP" reserve the right not to perform the camp.

AUTHORIZATION TO USE PERSONAL DATA

I hereby authorize ALL SOCCER MILAN JUNIOR CAMP, to use the participant's personal data in order to process registration, payment, and follow-up and organise the Camps.
(Must sign to register)

I hereby agree with this statements and conditions.

Date _____ Signature of the guardian _____

MEDICAL TREATMENT AUTHORIZATION AND ATHLETIC / LIABILITY WAIVER:



MILAN
Junior Camp

To be allowed to participate in the AC Milan Junior Camp sports programs, the undersigned:

- A. Declare that the participant is physically capable of participating in a sports program.
- B. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death and severe social and economic losses which might result not only from their own actions, negligence of others, the rules of the play or the condition of the premises or of any equipment used. Further, that there may be other risks not know to us.
- C. Give consent to have an athletic trainer, coach, manager, emergency medical technician, nurse, medical treatment facility and/or doctor of medicine or dentistry or associated personnel provide the player/participant with medical assistance and/or treatment.
- D. Authorise emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted.
- E. Agree to be financially responsible for the cost of the above assistance and/or treatment.
- F. Release, waive, discharge and covenant not to sue the organisers and their directors, administrators, employees, coaches, managers, agents, partners, associates, affiliated, sponsors, advertisers, other participants and the owners or authorized of the premises where the event will be held, for demands, losses or damages on account of injury, including death or damage to property as a result of the applicant's participation in the Program and/or being transported to/from the same, or caused or alleged to be caused in whole or in part by the negligence of the organisers.
- G. Certify that my child is not suffering from allergies and diseases that prevent participation in the camp.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT VOLUNTARY.

(Must sign to register)

Guardian: _____ Date: _____

AUTHORIZATION TO USE IMAGES:

I hereby grant and transfer, at no fee, to **ALL SOCCER MILAN JUNIOR CAMP**, the right to use images and videos (without a time limit, worldwide, via TV, cable, satellite, including Internet) where my son/daughter may appear, where those images and videos are used to illustrate and promote the AC Milan Junior Camps, always providing that my son/daughter's honour and reputation are respected.

I also declare that both the participant and I will not seek any compensation, for any reason, if the participant's images, video or voice were used for the above purpose.

(Must sign to register)

Guardian: _____ Date: _____

ALL SOCCER MILAN JUNIOR CAMP, e-mail: milanjcamp@allsoccer.it / www.allsoccer.it

Phone +352 621 290943 (Angelo Laquintana)