



VALENCIA BASKETBALL CAMP REGISTRATION FORM

To send by email at: contact@rivierabasket.com with:

- Medicine certificate for practicing basketball
- Conformation of total or pre-payment (50%)*

After reception of these documents, you will receive a confirmation by e-mail

First name: Last name:

Date of Birth: Size: Gender: M... F....

PRICES

- F1 (Full board) - 855 Euros F2 (Daily camp) - 490 Euros
 Workout — 90 Euros (1 session/1 hour)

DATES

- From 26 February to 01 March 2024 From 22 to 26 April 2024
 From 01 to 05 April 2024 From 29 April to 03 May 2024

PAYMENT

I pay:

- The total payment..... Euros
 The pre-payment (50%)..... Euros
 The night +150..... Euros
 Workout option90..... Euros x = Euros
(1-5 times)

TOTAL: Euros

IBAN/RIB

CREDIT AGRICOLE PROVENCE COTE D AZUR C.A.
ASSOCIATION RIVIERA BASKETBALL ACADEMY
IBAN FR76 1910 6006 4943 6393 7187 625

Code BIC (Bank identification code) - code SWIFTAGRIFRPP891

PARENTAL AUTHORIZATION

Me,,
legal representative of,

- Certify to have read the general conditions and accept them;
- Agree for medical intervention if it's necessary after doctor advices;
- Agree to reimburse all medical cost for my child;
- Agree that my child can be returned if his behaviour disturbs the camp;
- Accept that my child appears on the association's promotional photos and videos.

Place: Date:

Signature:

HOURS OF THE CAMP

Beginning of the camp:

Monday at 10:00 at L'Alqueria del basket - C/ Bomber Ramon Duart s/n, 46013 València, Spain
10:30: Information meeting

End of the camp:

Friday at 17:00. Parents are invited to watch the last training of the camp from **14:30** at L'Alqueria del basket - C/ Bomber Ramon Duart s/n, 46013 València, Spain

I would like to receive transfer service information

**Balance to be paid no later than 30 days before the start of the camp.
For all registrations within 30 days of departure, enclose the full payment.*

