

Registration Form

PLEASE COMPLETE WITH CAPITALS

European OI Youth Weekend in Paris (France)

Friday 27th - Sunday 29th April, 2007

Please : make sure you have paid your registration fee and returned this registration form before March 25th, 2007 to :

Association de l'Ostéogénèse Imparfait - BP 075 - F 80082 AMIENS Cedex 2 - France

PARTICIPANT :

Family name : First name :

Gender : F M Age : years

Address :

Zip code : City :

Country :

☎: E-mail :

Do you use a wheelchair ? YES, if so : manual electric
 NO

IMPORTANT : please, provide us with a copy of your invalidity card (for foreigners who have one).

PARENTS, GUARDIAN OF CHILD TO CONTACT IN CASE OF EMERGENCY :

Father Mother Other : precise :

Name : First name:

Address :

Zip code : City :

Country :

☎: E-mail :

Stay :

Date and time of arrival in Paris :

Date and time of departure from Paris :

Personal information to communicate, if any :
.....
.....

REGISTRATION :

Weekend fee Friday 27 - Sunday 29 :130 Euros

Please, indicate your choice for the lunch of sunday :

a basket meal prepared by the hotel

OR a lunch at the hotel

PAYMENT :

• By French check to : Association de l'Ostéogénèse Imparfait

• By bank transfer to the following bank account :

Please specify your name to identify the payment. Transfer bank fees are paid by the participant.

IBAN

Asso Osteogenese Imparfait

BP 075

80082 AMIENS Cedex 2

C.A. Economie Sociale 0002810

FR76 1802 5002 0008 1040 5849 140

Liability discharge for pictures :

☞ Parents or guardians and participants accept free use of pictures taken during the weekend for our AOI newsletter and other documents at the discretion of AOI.

Conditions

☞ Parents or guardians, and participants agree to accept the general conditions of the weekend organized in France.

Place :

Signature of the participant

Date :/...../2007

*Signature of parents or
guardian (if applicable)*

** Participants, parents or guardians may express in writing their decision of not using their picture before the beginning of the weekend.*



Please, include the registration fee among with the form

by March 25th, 2007 to the following address :

Association de l'Ostéogénèse Imparfait - BP 075 - F 80082 AMIENS Cedex 2 - France

YOUNG EUROPEAN OI WEEKEND IN PARIS (FRANCE)

FRIDAY 27TH – SUNDAY 29TH APRIL, 2007

DISCHARGE REGARDING YOUTHS WHO HAVE UNDER 18

**I UNDERSIGNED, MR/MRS, AUTHORIZE ANY MEDICAL STAFF TO LOOK
AFTER MY CHILD AND PROVIDE HIM/HER WITH THE NECESSARY MEDICAL OR
SURGICAL ASSISTANCE IN CASE OF EMERGENCY.**

DATE :

IN :

SIGNATURE :

THANK YOU TO RETURN THIS DISCHARGE WITH REGISTRATION FORM AND YOUR PAYMENT.