



## INDIVIDUAL BOOKING FORM – LSF JUNIOR VACATION COURSE

### PERSONAL DETAILS

Family Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Male/Female

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Full Address: \_\_\_\_\_

Tel. (home): \_\_\_\_\_ Tel. (mobile): \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about LSF ? \_\_\_\_\_

### YOUR STAY

START DATE: \_\_\_\_\_ FINISH DATE: \_\_\_\_\_

COURSE TYPE Intensive Course (15H/week)

ACCOMMODATION Host Family Half-Board

Residence Half-Board (14+)

Host Family Full-Board

Residence Full-Board (14+)

TRANSFER SERVICE Required  Not Required   
(Included for Host family students, Payable for Residential students)

**NAME** : .....

**ARRIVAL AND DEPARTURE DETAILS**

*Arrival Details:*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Flight/Train N°: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

*Departure Details:*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Flight/Train N°: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**HEALTH**

Do you have any allergies or other medical conditions? Yes No  
Please specify: \_\_\_\_\_

Some of our host-families have pets. Are you allergic to any animals ? Yes No  
Please specify: \_\_\_\_\_

I am a SMOKER NON-SMOKER

Do you have any dietary requirements (e.g. vegetarian) ? Yes No  
Please specify: \_\_\_\_\_

I authorise LSF to take appropriate action in the event of a medical emergency Yes No

**PARENTAL AUTHORISATION**

**NB All activities organised by LSF are compulsory and supervised by an LSF staff member and/or Group Leader. We do NOT take responsibility for students who voluntarily miss activities and therefore do not participate in the organised programme.**

**Smoking is not allowed at any time in the course centre.**

**Consuming alcohol or drugs will lead to the immediate exclusion of the student from the course at the student's expense.**

I hereby agree to allow LSF to use the image of my child for promotional purposes for its vacation courses.

**RESIDENTIAL STUDENTS MUST BE BACK IN THE RESIDENCE BY 23H30 DURING THE WEEK AND BY MIDNIGHT AT THE LATEST ON FRIDAY AND SATURDAY.**

**HOST FAMILY STUDENTS MUST BE BACK IN THE HOST FAMILY BY 23H DURING THE WEEK AND BY MIDNIGHT AT THE LATEST ON FRIDAY AND SATURDAY.**

**PARENTS' CONTACT DETAILS DURING THE STAY : \_\_\_\_\_**

**SIGNATURE**

**I have read and agree to the LSF General Terms and Conditions.**

**Signature of parent/guardian**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

- NB : all students under 18 attending LSF courses must be fully covered by health and medical insurance, as well as personal accident and civil liability insurance. If you have your own insurance cover, then please send a copy of it together with this booking form.

