

REGISTRATION FORM - **PLAYER**

SRFI – CANADA 2025



THE PARTICIPANT

Name and surname (as shown on passport): _____ F

Address: _____ Postcode: _____

City: _____ Mobile no.: _____ Date of Birth: _____

Home phone no.: _____ E-mail: _____

PLAYER GOALIE

Your child's team leader: _____

Optional INSURANCE Cancellation, medical assistance, repatriation: yes no

In partnership with ASSUREVER, I.H.T suggests you an insurance contract for **110 EUR** per person which includes: **Sanitary protection** (pandemic - epidemic – COVID) / Trip **cancellation** for any justified reason / **Missed flight** – Flight delay / Luggage and personal items / **Journey interruption fees** / Individual travel accident / **public liability insurance** private life abroad / Impossible return / Assistance when sick or hurt – **Repatriation** / **Medical fees abroad** / Assistance in case of death / Travel assistance before and during the trip.

Table of guarantee amounts documents provided to concerned individuals upon request

MEDICAL INFORMATION-

Have you ever had illnesses such as: Chicken pox, Measles, Mumps, Scarlet fever, specify others _____

Medical information which must be known (prosthesis, pacemaker, etc.):

• Allergies to be specified (cats / dogs / animal hair / others):

• Asthma: yes Diabetes: yes Medication: yes If yes, specify which

• Food or medicine allergies: _____

Is a special meal (allergies, beliefs, diabetes...) required on the airplane? yes no If so, please fill out the line below:

In case of medical treatment or allergies a personalised questionnaire will be provided to you.

SPECIFIC TERMS AND CONDITIONS OF SALE

REGISTRATION AND CONFIRMATION OF RESERVATION

Registration and payment plan: The registration will become effective once we will have received the registration form and the deposit for each participant. **The following schedule must be adhered to:**

At registration June 2024	September 2024	Before end of November 2024
• 30% amount of the stay per participant	• 30% amount of the stay per participant	• For each participant, the last payment must be cashed
• *Or monthly payment of the total amount of the trip from the date of registration to the date of payment*. Contact us		

OUR CONTACTS AND INFORMATION

INTERNATIONAL HOCKEY TOURS

61 rue de la Saboterie
37550 ST-AVERTIN
FRANCE
Tél. :+33 (0) 247 48 48 00

Email:
jf.bourdier@gmail.com

I.H.T Bank details

Caisse d'Epargne Loire-Centre
Agence Tours Entreprise 3
40 Rue James Watt
37200 TOURS - FRANCE
IBAN : FR76 1450 5000 0208 0000 9156 855
BIC-SWIFT : CEPAFRPP450

Bank transfer's information: 25SRFI+ surname of participant(s)

If you wish to pay by bank transfer, please remember to include the bank transfer/commission charges in the amount to be paid.

PRICE REVIEW

The prices stated have been decided based on the following economic data:

Transport cost (gasoline cost) / The exchange rate / Necessary charges and taxes such as port and airport taxes / The number of people composing the whole group, agreement on hosting the players by the committee of hosting families.

Should any of the data significantly change, we will be forced to change our sales prices to cover the entire increase.

Given the remaining time before departure, IHT reserves the right to change the dates and the flight plan contained in the provisional program.

If a service cannot be provided as announced in the program, I.H.T. commits to do everything in its power to replace it with an equivalent service. If the service cannot be replaced, the agency I.H.T. commits to repay the unreplaced service to the group manager within 30 days after the group's return. The reimbursement of the service will be total if the non-replacement is due to the agency I.H.T. There will be no refund if the group refuses an equivalent service or if the reason of the non-replacement is beyond the control of the agency ("force majeure" events). In case of disagreement only French law will be applied.

A passport valid at least 15 days after the return date is strongly recommend / **round trip flight ticket / authorisation to enter and exit Canada for minors** (this document shall be provided to you by our services). All participants must have completed the **E.T.A** form online and paid the head tax. Under any circumstances, IHT shall not be held responsible and cannot substitute itself for any the responsibility of the customers who must take responsibility for obtaining each needed formality (administrative and sanitary/medical formalities) before the departure and during the trip.

Under any circumstances, IHT shall not be held liable for any sports equipment and personal items loss or theft during the trip.

CANCELLATION POLICY*

In the event of cancellation by the client, the conditions hereinafter shall apply to all travel packages.

- **From September 20th ,2024.....150 euros FEES**
- **Between October 20th and November 10th ,2024.....25% of the travel package price**
- **Between 11th November and December 23rd ,2024.....50% of the travel package price**
- **Between December 24th ,2024, and January 8th ,2025.....75% of the travel package price**
- **As of January 9th ,2025.....100% of the total amount**

Should a participant not present himself on the day of departure, should he not be able to present the necessary documents, or should he leave during the journey, whatever the reason, no refund or compensation can be expected. If a participant does not show up for departure or abandons a trip mid-travel, for any reason whatsoever or if the registered player's team does not receive authorisation from its federation to participate in the tournament, it may not claim any reimbursement.

Once issued, flight tickets cannot be changed or refunded, and airport taxes are not refundable through cancellation insurance. ***Insurance fee (110 euros per person) not refundable for people who have subscribed to the Assurever insurance. Deduction of a franchise by Assurever according to the cases (See general and specific conditions).**

***100€ retained in case of cancellation for management and administrative costs for people who have not subscribed to the Assurever insurance.** Should a participant not present himself on the day of departure, should he not be able to present the necessary documents, or should he leave during the journey, whatever the reason, no refund or compensation can be expected.

AUTHORISATION

I, the undersigned, _____ legal representative acting as _____
authorise the child _____ to participate in the trip organised by I.H.T. as well as in the
activities included in the selected programme.

In the event of faintness, accident or illness, I hereby authorise the medical personnel chosen by I.H.T. managers to have any x-rays and exams taken and to provide treatment to my child. If I cannot be reached in an emergency, I authorise the doctor chosen by I.H.T to hospitalise my child, and to provide him/her with the necessary and appropriate treatment, such as an injection, an anaesthetic or even an operation. I acknowledge that I.H.T may not be held liable for any injury incurred by the player for the complete duration of the trip, as much during matches and recreational time as during travelling. I hereby confirm that my child is covered by public liability insurance and that he/she is indeed insured for the activity performed. I hereby attest that the information provided is accurate, that the person concerned by this questionnaire is not carrying any contagious disease and that his/her health does not conflict with travelling and with the activities which are or may be planned. IHT cannot be held liable for any omission or false declaration on this questionnaire.

I have read and accept the conditions of this registration form

Handwritten indication: « Read and approved » :.....

DATE:.....

Father's SIGNATURE

Mother's SIGNATURE

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