

Nice, France Language Program Minor Authorization Form Page One



AmeriSpan Study Abroad
The Bridge Between Cultures

Mail to: AmeriSpan Study Abroad
1334 Walnut Street, 6th Floor
Philadelphia, PA 19107
Fax to: 215-751-1986
Questions: 800-879-6640 or 215-751-1100

PLEASE PRINT

Student's Name, Last Name, First Name: _____

Date of Birth: (day/month/year): _____ / _____ / _____ Nationality: _____

Dates of Program: (day/month/year): from _____ / _____ / _____ to _____ / _____ / _____

AmeriSpan offers students the opportunity to enrol in an international study program. Certain potential risks to personal health and safety are associated with international travel and residence in a foreign country.

We, the Undersigned, **Father**, **Mother** or **Legal Guardian** (please circle):

Please print Last Name, First Name: _____

of the above minor child, are willing to accept the associated risks and agree that our child participates in AmeriSpan program. We understand that AmeriSpan cannot guarantee the health and safety of participants in its programme or eliminate all risks from study abroad environments.

Please read, complete and sign this form before the programme begins. Students whose parents fail to complete, sign and return this form will not be allowed to enroll in AmeriSpan programs.

We, parents or legal guardian

1. Acknowledge that we have taken out all necessary insurance to cover our minor child during the period he/she will be staying in France and especially third party insurance, travel insurance, insurance against theft, accidents, health insurance... We send a copy of our insurance certificate as well as its 24h help line number.
2. Understand that our child is under the responsibility of AmeriSpan only during class hours.
3. Understand that AmeriSpan cannot be hold responsible of our child's behaviour outside of the school and that AmeriSpan cannot monitor our child outside of its premises, even if our child is absent from class. AmeriSpan will inform the parents or legal guardian of any unjustified absence. We understand that AmeriSpan cannot guarantee the health and safety of our child outside of the school.
4. Are financially responsible for any damage that our child will cause during its stay in France.
5. Understand that by registering our child at AmeriSpan, he / she participates in a program designed for adults and that the school expects from our child an adult behavior.
6. Authorize AmeriSpan staff or the host family in France to take all necessary measures in case of health problems (hospitalization and / or surgical operation). We inform the school that our child is allergic to the medication: _____, that our child takes a medical treatment: _____

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7. Agree that our child can go out unaccompanied during the day until 8:00 pm, and at night, during the week until _____ and during the weekend (Friday & Saturday night) until _____.
8. Understand that our child is under his / her host family responsibility in France only when he/she is supposed to be at home.
9. Understand that our child's host family in France cannot be hold responsible of our child behavior outside of the apartment and that the host family cannot watch over our child outside of the apartment. The host family will inform AmeriSpan of any misconduct or failure to follow the curfew. We understand that the host family cannot guarantee the health and safety of our child outside of the apartment and if our child fails to follow the curfew.
10. Agree that AmeriSpan undertakes all the necessary measures if our child fails to follow the curfew, the safety regulations, the rules of conduct ... during his / her stay in France, knowing that we will be responsible financially and legally of our child's behavior (repatriation fees as well as all expenses involved for our child's trip back home will be paid by us).
11. Release AmeriSpan and the host family in France from any and all claims arising out of our child's misconduct or if our child does not attend classes regularly.
12. Acknowledge that we have read the terms and conditions and accept them.

Parents' Signatures:

Father Mother Guardian

Date, place:

It is imperative to enclose:

- * Copies of the parents' or guardian passports and the insurance certificate.
- * Please write your address, phone number and email address where we can contact you 24 hours a day during your child's trip abroad

Phone: _____ or _____

Email : _____

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