



# MILAN Junior Camp 2016



## ENTRY FORM AC MILAN ACADEMY – MILAN JUNIOR CAMP 2016

SURNAME and NAME boy/girl: \_\_\_\_\_

Street , no \_\_\_\_\_ Town \_\_\_\_\_

Nation \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Tel.no. \_\_\_\_\_ Emergency tel. no. (ICE) \_\_\_\_\_

Fax: \_\_\_\_\_

Parent's E-mail (or valid e- mail for the notices of the Secretary Office) \_\_\_\_\_

Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg

Role \_\_\_\_\_ (IMPORTANT: Specify clearly if goalkeeper!)

### CAMP FORMULA *(mark with an X)*

DAY

JUNIOR

I am aware that the team composition and the room accommodation are subject to the availability and to the criteria of the Camp Managing operator, if possible I would like to be in the room with:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### DISCOUNT\*

brothers or sisters attending the Milan Junior Camps of Sporeventi

\* 40 euros per person if "Junior Formula";

\* 20 euros per person if "Day formula"

### SELECTED WEEK *(mark with an X)*:

**CORTINA D'AMPEZZO:**  19-25 Jun  26 Jun-2 Jul  3-9 Jul  10-16 Jul

**JESOLO LIDO:**  10-16 Jul  17-23 Jul

**ALTOPIANO DI ASIAGO - GALLIO:**  17-23 Jul  24-30 Jul

**LIGNANO SABBIAADORO:**  24-30 Jul  31 Jul-6 Aug  7-13 Aug



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**A. ORGANIZATION** The Milan Junior Camp of Cortina d'Ampezzo (Alps - Dolomites), Jesolo Lido (Venice), Asiago Mountain Plateau - Gallio (Alps) and Lignano Sabbiadoro (Venice Area) are organized by **ASD Sporteventi**, Via Pastore, 44, 31029, Vittorio Veneto (TV), Italy, Tel.: +39 0438 941366; Fax +39 0438 947394; [www.sporteventi.it](http://www.sporteventi.it); [info@sporteventi.it](mailto:info@sporteventi.it); Skype: michele.marchioni73

**B. MILAN JUNIOR CAMP - JUNIOR formula.** It is the typical camp, with hotel staying for the participants. The subscription cost of the week rotation period of the Milan Junior Camp is of Euros **785,00 (800,00 euros if goalkeeper)**. It is inclusive of full board and lodging in hotel, from Sunday afternoon (2.00 pm) to Saturday afternoon (2.00 pm), sports kit marked Adidas - AC Milan Academy - Fly Emirates, daily washing of (only) the AC Milan Training T-shirts, shorts and socks (no underwear), transportation by private coach to and from the football pitch, Civil Responsibility Insurance. Prices are all inclusive except for telephone calls and drinks.

The cost of the two-week-camp is **1.410,00 euros (1.425,00 euros if goalkeeper)**; it doesn't include the week-end stay (from Saturday 2 pm to Sunday 2 pm). The week-end stay costs **100,00 euros (additional cost)**; this extra-fee is not obligatory. **The AC Milan-kit will be assigned to the camper only once.**

**C. MILAN JUNIOR CAMP - DAY formula.** These are the Milan Junior Camp without staying overnight, envisaged for those who can reach easily the site of the Camp every day. The subscription cost is of **595,00 euros (610,00 euros if goalkeeper)**. This cost includes lunches (no breakfasts and dinners), sports kit marked Adidas - AC Milan Academy - Fly Emirates, daily washing of (only) the AC Milan Training T-shirts, shorts and socks (no underwear), transportation by private coach to and from the football pitch, Civil Responsibility Insurance. Prices are all inclusive except for telephone calls and drinks.

The cost of the two-week-camp is **1005,00 euros (1.020,00 euros if goalkeeper)**. **The AC Milan-kit will be assigned to the camper only once.**

**D. STARTING TIME OF THE CAMP.** The applicants can in no case be received by Sporteventi staff prior to the Camp starting time (which is 2 pm Sunday); parents and/or accompanying persons will have to look after their children (including supervision and lunch) until the actual start time of the Camp, even if they arrive at the hotel on Sunday morning.

**E. PAYMENT CONDITIONS.** At the time of subscription a down payment should be necessarily made of 300 Euro (three hundred); the outstanding amount should be paid 10 days before the beginning of the selected period. **For registrations received after May 15, 2016 the payment must be done for the full amount of the fee at the registration (no deposit payment).** Payment has to be done (always specifying as "reason of the payment of the wire transfer" **the camper's name and surname**) with a wire transfer to **ASD SPORTEVENTI**, c/c no. (bank account number) 104571205890 at Banca Popolare dell'Alto Adige, Filiale di Vittorio Veneto (TV), IBAN: **IT02B0585662190104571205890** and SWIFT code: **BPAAIT2B104**.

The ones that would like to pay by credit card (only VISA or MasterCard) shall contact the Secretary Office ([margherita@sporteventi.it](mailto:margherita@sporteventi.it)).

**F. CALL-OFF.** The down payment will be returned upon cancellation by the subscriber only if notified in writing by fax at least 30 days before the start of the selected period. Nothing will be returned, in any case, after camp beginning.

**G. OVERNIGHT STAYING SATURDAY - SUNDAY.** Whoever wishes to make **two periods in a row**, staying at the camp under the supervision of the Sporteventi staff, should pay an extra deposit at the time of registration as well as the amount of **100,00 Euros** for the Saturday dinner, overnight staying, the Sunday breakfast and lunch and the supervision during camp changeover.

**H. HEALTH CERTIFICATE.** Please provide together with this application-form a **medical certificate** (Family Doctor's Clean Bill of Health) where the a doctor recognized by the National Health System, having examined the child/boy, states:

- o not having diagnosed any clinical signs restraining the practice - in competition or not - of the football/soccer and specifically of the football/soccer sport activities named as Milan Junior Camp which is a not agonistic AC Milan summer football camp for children/boys aged 7-17;
- o that the electrocardiogram (ECG), if needed, doesn't show any sign of detectable illness / disease;
- o that the subject does not show any sign of detectable contagious illness / disease.

The medical certificate, not older than one year from the beginning of the camp, must cover the entire period of the camp, otherwise the registration will be cancelled.

Nobody will be admitted to the camp without the Health Certificate or with a wrong one.

**I. RELIEF FROM RESPONSIBILITY AND DAMAGES.** I, the undersigned \_\_\_\_\_, as the parent exercising parental authority over my son \_\_\_\_\_, under my personal responsibility I declare to expressly waive ASD Sporteventi and each one of its employees and / or appointed person from any liability for any damage arising from events that are caused exclusively by my son (including, by way of example yet not comprehensive, not authorized independent initiatives taken by my son during his stay at the AC Milan Junior Camp), or by circumstances beyond the supply of the services offered (such as, but not limited to, the transfer to and from the chosen location, if not included in the attendance fee), by accident, force majeure, or by circumstances that the ASD Sporteventi itself could not, with the due professional diligence, reasonably foresee or resolve.

I furthermore declare to relieve ASD SPORTEVENTI and any member of its staff or appointed person from any responsibility for damages that the camper/child should cause during the stage of the Milan Junior Camp. **In any case should damages occur to premises and hotel equipment they will be charged to the camper/child who will be found responsible for them, or, if not possible, shared equally among the roommates.**

**I.1. CHARGE AUTHORIZATION.** In the event that your camper/child requires urgent medical care, as determined by ASD Sporteventi as Manager of the Milan Junior Camp, **your credit card may be charged the cost of such care/treatment, or pay for any damages to the facilities used by ASD Sporteventi as Manager of the Milan Junior Camp caused by your camper/child, or with your prior approval (your email may serve as such) pay for additional classes, offerings or services. All fees to be in Euros.**

**J. EXPRESS CANCELLATION CLAUSE:** In the event that during the time at the Milan Junior Camp as well as during the stay in the hotel, **the registrant's behavior breaks in any way the normal rules of civil cohabitation or are against the rules given by the guides/trainers, then said registrant may be removed from the Milan Junior Camp** and this contract will be considered legally cancelled therefore ASD SPORTEVENTI will be allowed to retain all amounts received by it and to legally demand compensation.

**L. SPORTEVENTI MEMBERSHIP.** This also represent the application form for the ASD Sporteventi membership. In case of acceptance of your application the membership fee of 10,00 euro is included in the fee of the points B. and C. herewith.

**M. DISPUTES' COURT:** Should any dispute arise the competent Court will be that of Treviso any other courts excluded.

Signature of the parent or guardian \_\_\_\_\_

According to art. 1341 of the C.C. I approve what stated at pointy A., B., C., D., E., F., G., H., I., I.1., J., L., M..

Signature of the parent or guardian \_\_\_\_\_

(PLEASE, SIGN ON BOTH THE TWO DASHED LINES)

## AINSURANCE INCLUDED

Sporteventi provides for two kinds of **insurances** for the protection of the camp attendants:

1. **Civil Responsibility Insurance (civil liabilities)** with a maximum cover of **3.000.000,00 euros**.
2. **Individual Insurance for accidents** covering a maximum of medical expenses equal to 1.500,00 euro (teeth max. **1.500,00 euros**). Conditions for the Individual Insurance covering Accidents: the insurance will reimburse up to the amount corresponding to the insured amount for the expenses as prescribed by the general practitioner, as effectively paid and demonstrated with original copies (invoices and/or receipts) for: practitioner visits, exams and lab analysis, hospital fees, medicines and physiotherapy / re-educational treatments. The reimbursement will take place once the clinical recovery is completed and following the filing of the justifiable documents. The payment of the insurance claim will be paid after the deduction of 10% of the expenses, minimum 200,00 euro (a 200,00 euros deductible). Sporteventi will carry on the insurance procedure, then the parents and them alone will be always in contact directly with the insurance company (Allianz Spa). **The Individual Insurance for accidents is quite effective ONLY for the Italian participants who are also covered by the Italian National Health System. Therefore Sporteventi STRONGLY requests to the participants NOT ITALIANS to provide for an insurance covering risks of accidents, illnesses and hospitalization during their staying in Italy.**

## ADDITIONAL SERVICES INCLUDED

**AC Milan champions** always there. AC Milan's supervisors are champions of the AC Milan Club history. They live with campers during relaxation moments, while eating, in and out of soccer field.

**Assistance 24 hours a day.** Trainers and teachers of the camp, qualified and specialized personnel, selected by Sporteventi managers, live in the hotel with the boys and supervise the rooms also at night.

**Constant assistance of a woman assistant.** For the youngest camp participants who might be missing their mothers, it is important to have a female assistant.

**Transports.** We guarantee transport services with a private bus from the hotel to the stadium and back.

**Bottled Mineral water distribution.** Bottled Mineral water is always available in the playing field.

**Healthy food.** Food is very important and that is why the delicious "Bibanesi" are always present as main courses, a guarantee of quality. Twice a day, at mid morning and mid afternoon, the boys of the camp will have snacks by Doria.

**Ongoing washing of sports garments.** All the sports garment are numbered to be easily recognizable by their respective owners and are therefore always washed to ensure top hygiene conditions.



Information for processing Participants' personal data

Milan Junior Camp to be held in .....

Milan Junior Camp Manager: **ASD Sporteventi**

Name and Surname of the camper .....

My personal data and that of the children I represent will be processed manually and/or automatically by the Manager of the *Milan Junior Camp*, as referred to above, by Milan Entertainment s.r.l. and its parent company AC Milan S.p.A., joint data controllers to process the request for registration of the child in the *Milan Junior Camp* and to provide related sports activities.

The data required for registration in the *Milan Junior Camp*, in addition to the medical certificates that prove the physical and mental fitness for sporting activity, are name, surname, date of birth, full address and telephone number of the child, as well as my name and phone number.

Failure to provide the other data requested on the card does not affect the registration process.

The personal data may be processed on paper, computerised and inserted into relevant databases which could be accessed by persons responsible for the Milan Junior Camp activities management and supervision, who would then become aware of the personal data, these persons may carry out consultation, use, processing, comparison and other operations including in automated form in compliance with the legal provisions necessary to ensure, among other things, the confidentiality and security of data and the accuracy, updating and relevance of data in relation to the declared purposes.

By contacting the data controllers I can find out about the categories of persons authorised to process the personal data as those who are in charge of or responsible for the processing.

Data access rights under Article 7 of Legislative Decree no. 196/2003, including the right to obtain the updating, modification and removal of my personal data and those of my son, or the right to object to its processing can be exercised only with the data controllers. For Milan, direct the request to the following email address [privacy@acmilan.it](mailto:privacy@acmilan.it).

In the application form, I may have spontaneously provided some sensitive data (such as allergies and intolerances), as defined by law for greater protection of the child's health during the activities of the *Milan Junior Camp*.

Place and date \_\_\_\_\_ Acknowledged and accepted \_\_\_\_\_



**Filming**

The undersigned accepts that the Data Controllers, who act as independent data controllers, and/or designated third parties may take **film footage and/or photographs** during sports activities or other related activities and:

- I authorise the above photography/filming;
- I authorise the data controllers to free of charge reproduce the above images and the athlete's name on paper for informational or advertising purposes (for example, relating to football courses on posters, calendars, brochures, postcards, etc.) and/or on the websites of such companies;
- I agree to the image of the child, as contained in the aforementioned film/photographs, being freely used without charge by the Data Controllers and/or their assignees, with no time limits and with unlimited transfers, all over the world, including through TV, wireless, cable, satellite, in any context, and by all means now known or to be invented in the future (such as for example, press, TV, Internet sites including social networks, telecommunications, analogue and/or digital systems, online and offline, blogs, publishing and mobile sites, etc.), provided that they respect the rights relating to the honour and reputation of the child;
- I also declare that neither I, nor the minor represented by me, has or shall have any claim against the Data Controllers and/or their assignees in any way and for any reason, in return for use of this photography and filming, and thus expressly consent to the use of the image and name.

**Consent to the processing of data for further purposes**

<p>With the exception of the sensitive data provided, I authorise the use of my data/the child's data for <b>promotional and marketing purposes</b> carried out by the <b>Data Controllers</b>, who will act independently, including by means of third party companies operating under the control of the aforementioned Companies, by sending advertising material and information by electronic and paper media, direct sales or placement of products or services or sending commercial information. I may at any time express my preferences for modes of commercial communications (for example opting out of sending via automated tools).</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(signature) <hr style="border: 0; border-top: 1px solid black;"/>
<p><b>I authorise profiling</b> activities carried out by the Data Controllers, who will act independently, in order to receive personalised services and products, considering purchasing and consumption habits and choices, including through third party companies operating under the control of the Data Controllers and to whom they may be disclosed for such purposes.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(signature) <hr style="border: 0; border-top: 1px solid black;"/>
<p>I authorise the Data Controllers to <b>use the film and/or photographic images</b> as defined herein.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(signature) <hr style="border: 0; border-top: 1px solid black;"/>



# MILAN Junior Camp 2016



<p>I authorise <b>Fondazione Milan Onlus to use the film and/or photographic images</b> with the aim of promoting the activity of the Fondazione Milan Onlus, through their inclusion in film/paper media used at corporate events or in fundraising for the Foundation.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>The use will be conditional on the absolute respect of all the rights of the subject to protect their honour and reputation. The use will be free of charge and, consequently, no claim of an economic nature shall arise from the images, nothing can be claimed by the subjects filmed and/or by their assignees, in any way and for any reason with regard to Fondazione Milan Onlus.</p>	(signature) _____	
<p>I authorise the transmission of data of the parents/guardians necessary to <b>Fondazione Milan Onlus</b> for update <b>news</b> on the institutional activities/services and campaigns, including by means of third party companies operating under its control, by sending informational materials by electronic and paper means, carried out by e-mail or phone, as well as paper-based mail. I may at any time express my preferences for modes of commercial communications (for example opting out of sending via automated tools).</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If the consents are accepted, Fondazione Milan Onlus, through its representatives, will act as data controller of the processing and can be contacted by writing to <a href="mailto:privacy.fondazionemilan@acmilan.it">privacy.fondazionemilan@acmilan.it</a> to find out about the existence or not of your personal data, its origin, purpose and processing methods, verify its accuracy or request its integration, updating or correction, removal, conversion into anonymous form or blocking of unlawfully processed data, and in any case to oppose, for legitimate reasons, its processing and to change consents previously provided.</p>		



**MILAN**  
*Junior Camp* **2016**

powered by



## Statement of liability and damages refund authorization

I the undersigned (name and surname of the owner of the credit card - only VISA and MasterCard)

\_\_\_\_\_

Born in (Country and city) \_\_\_\_\_ Date \_\_\_\_\_

Id Type (ID, Passport) \_\_\_\_\_

Number \_\_\_\_\_

**I hereby authorize the Management of ASD Sporteventi to charge any damage caused to the facilities of the camp (hotel, sport center, etc) during the summer soccer stage named Milan Junior Camp by:**

First Name (Camper) \_\_\_\_\_

Last Name (Camper) \_\_\_\_\_

Kinship \_\_\_\_\_

On my credit card (only VISA or MasterCard) \_\_\_\_\_

Number \_\_\_\_\_

CVV number (on the back of your credit card there is a seven-digit number: the last 3 digits of this number are the CVV number) \_\_\_\_\_

Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**In the event that my child requires urgent medical care, as determined by ASD Sporteventi as Manager of the Milan Junior Camp, I hereby authorize the Management of ASD Sporteventi to charge my credit card of the cost of such cares/treatments, and also, with my prior approval to pay for additional classes, offerings or services**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_