MEMBERSHIP FORM

September 2025 - August 2026

Please fill out this document in CAPITAL LETTERS

LAST NAME: .....First Name: .....

Date of Birth: ……/……/……. Place: …… Nationality……

Address: ……

Postal Code: …… City: ……..

School *…… Class: ……

Number of brothers: ….. sisters: …..

Member

Personal Phone: …… Home Phone: ……Email……..……

PARENT 1

Name and First name: ……

Profession and workplace: ……

Phone: ……Email: ……..……

PARENT 2

Name and First name: ……

Profession and workplace: ……

Phone: ……Email:……

Emergency Contact (other than parents)

Names and First names…….. Relationship……..Phone numbers

** Please provide a school certificate for the 2025-2026 year to validate the membership.*

Centre de la Jeunesse Princesse Stéphanie
45 avenue des Papalins 98000 Monaco - +377 93.50.75.05 - accueil@cjps.mc

PARENTAL PERMISSION

I, the undersigned ....., parent/legal guardian of the child ....., certify the accuracy of the above information and:

□ I authorize my child □ I do not authorize my child

1/ To participate in all activities organized by the Centre de la Jeunesse Princesse Stéphanie that do not exceed 24 hours (outings, sports, visits, etc.)

2/ That I have read the internal rules of the Center displayed at the reception.

I also authorize my child to return home alone after activities: Yes □ No □

Date: Signature:

AUTHORIZATION TO BE FILMED /

I, the undersigned ....., parent/legal guardian of the child .....

□ I authorize my child □ I do not authorize my child

to be photographed or filmed during the Center's events and for the distribution (website, social media, local press, TV, photo exhibitions...)

Date: Signature:

OTHER INFORMATION

Specify any health issues or other useful recommendations:

.....
.....

FOR USE BY CJPS ONLY

Annual membership payment: 60€ □ Credit card □ Cash

Centre de la Jeunesse Princesse Stéphanie
45 avenue des Papalins 98000 Monaco - +377 93.50.75.05 - accueil@cjps.mc