

AGBU DISCOVER ARMENIA 2012

Dates: August 6–23, 2012

Registration Form

Last Name: _____ First Name: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Phone: _____

Father's Name: _____

Phone: _____ Email: _____

Mother's Name: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____

Relation: _____

Phone: _____ Email: _____

Does the participant speak *Armenian*? YES NO *French*? YES NO *English*? YES NO

Has the participant been to Armenia before the Program? YES NO

If yes, please indicate when and the reason for the visit: _____

Does the participant have relatives in Armenia? YES NO

Name of relative: _____

Relation: _____

Phone: _____ Email: _____

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Participant Code of Conduct and Agreement Form

Please carefully review the following rules and regulations of the Program. This agreement must be signed by the participant as well as his/her parent or legal guardian.

1. Participants must always follow the directions of the Program Director and Staff.
2. Participants must respect the environment by not littering.
3. Participants must treat house equipment and property with care.
4. Participants must stay with their group and the Program Staff at all times and may not leave the group unaccompanied without the express consent of the Program Director.
5. Under NO circumstances can participants host overnight guests or spend the night elsewhere, regardless of their relation. Participants who break this rule will be subject to dismissal from the Program.
6. Alcohol, tobacco and drug use of any kind are strictly prohibited throughout the Program. Participants who break this rule will be subject to immediate dismissal from the Program.
7. Participants should not make any summer plans that will conflict with their participation in AGBU Discover Armenia and must commit to the full duration of the Program, except in the case of an unforeseen emergency, of which they must notify the AGBU Discover Armenia Director immediately.
8. Visits during the Program are disruptive to the schedule and those not directly involved with the Program will not be permitted to accompany participants on their trips or community service activities. Although we understand that parents, friends or relatives might want to join the participants in Armenia, we ask that all joint travel plans be made either prior to or following the Program in efforts to preserve the flow and integrity of the Program for the staff and the other participants.

I, (*print name*) _____, have read the AGBU Discover Armenia rules and regulations listed above and agree to abide by them throughout the duration of the program. I understand that these rules and guidelines are for the safety and the protection of the participants and staff of the Program. I further understand that if I choose to violate the rules and regulations set forth by AGBU Discover Armenia or engage in conduct that endangers the safety of my fellow participants, the Program director will take appropriate steps to stop my actions or behavior. These steps may include a verbal warning, parent notification and/or dismissal from the Program. **In the event that I am dismissed from the program due to a breach of regulations on my part, I understand that no full or partial reimbursement of the €50 Participation Fee will be granted to me by the AGBU Discover Armenia Program and that I will not hold AGBU responsible for any additional expenses (e.g. additional travel arrangements, etc.) that may occur as a result of my early dismissal from the Program.**

I hereby release AGBU, its agents and employees from all liability, damages, causes of action, and the like during my participation in the AGBU Discover Armenia Program.

Signature of participant _____ Date: _____

I, (*print name*) _____, have reviewed these rules with my child/minor.

Signature of Parent or Legal Guardian _____ Date: _____

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Payment Form

Full payment of the program participation fee of 950 EURO *and* the completed Registration Form must be received by AGBU no later than **March 1, 2012**, at the address below:

UGAB Arménie
11, square Alboni
75016 PARIS France

Payments can be made via wire transfer, using the information below.

Acct. Name: Association UGAB
Bank Name: BPPC MRS-MAZARGUES - 00013
Bank Code: 14607
Counter: 00013
Account: 01319509600
Key: 42
Iban: FR76 1460 7000 1301 3195 0960 042
SWIFT (BIC): CCBPFRPPMAR

CANCELLATION POLICY

In the event that a participant wishes to withdraw from the AGBU Discover Armenia Program for any reason, he/she must inform the Program Director in writing immediately.

Cancellations prior to *June 1, 2012* are subject to a non-refundable fee of €450.

No refunds will be granted for cancellations made after *June 1, 2012*.

Signature of parent or guardian: _____ Date: _____