

Dear Parents,

Hope my email finds you well. This is to inform you that Real Madrid Football Club opened its camp doors to the children of Lebanon. We are excited to offer this lifetime opportunity to the Lebanese youth and hope that your children will be able to join us.

Kindly find attached documents:

- 1) The registration for that need to be filled and note that the last page of the registration form which need to be signed**
- 2) The required document for Schengen Visa** (in case your son/daughter need VISA) note that all the papers should be translated to English or French.
- 3) Camp program**
- 4) Parental Authorization**, it should be signed by BOTH parents and notarized by the Lebanese official.
- 5) Schengen visa Application** (need to be filled and signed on the last 2 pages)

Full Package Price is 2950USD for 1 WEEK **excluding Visa Fees**

the Package includes:

- Roundtrip tickets
- 7 nights' Accommodation at Universidad Autónoma de Madrid
- Full board during the stay, Breakfast, lunch, dinner, and snacks
- All ground transportation required throughout the program (Airport transfers included)
- Professional Training with official Fundación Real Madrid Trainers
- Daily coaching sessions with official Fundación Real Madrid Trainers at top level training facilities
- Real Madrid Training Equipment Kit (1 Rucksack, 1 Short, 1 Shirt and 1 Cap)
- REAL MADRID official branded apparel
- Real Madrid Stadium guided tours

- Real Madrid Museum guided tours
- Madrid city guided tours
- Opportunity to watch REAL MADRID Football Stars, Subject to head coach decision
- Social media and other educational activities
- Official photo and diploma
- Water during all practices
- On site doctor
- Medical Insurance
- 24/7 Security & Supervisors with the participants

Kindly note that the places are limited ...

Payment options:

- 100% at time of registration

Should you have further queries, please do not hesitate to contact us directly .

call us on: 03696130 & 81 30 66 96

Thank you & Best Regards,

1 - البيانات الشخصية
STEP 1: CAMPER'S PERSONAL DATA

الشهرة الاسم
Last Name: _____ First Name: _____

تاريخ الميلاد (يوم/شهر/السنة)
Birth Date (Day/Month/Year): _____

الجنس
Gender: _____

الجنسية
Nationality / Country: _____

رقم الهوية رقم الجواز
Identity document (ID): _____ Passport Number: _____

مقاس الملابس
Clothing Size: (XXS super extra small / XS extra small / S small / M medium / L large / XL extra large / XXL super extra large)

الطول الوزن
Height: _____ Weight: _____

هل لديك حساسية؟ الحساسيات
Are you Allergic? _____ Allergies: _____

أي مشكلة طبية قد تؤثر على نشاطك الرياضي؟
Any medical problem that might affect your sport activity? _____

نوع المشكلة
Type of problem: _____

هل تلعب كرة القدم؟ لا \ نعم المدرسة او النادي
Soccer Associated? Yes / No Club / Educational Institution: _____

السنة الدراسية
Completed Academic Term: _____

رقم الجوال
Cell phone number: _____

الايمايل
Email: _____

هل شاركت في معسكرات اخرى؟ لا \ نعم
Have you attended previous camps? Yes / No

عدد المشاركات
How many times? _____

تاريخ اخر مشاركة

Year of last attended edition: _____

ملاحظات اضافية

Additional Comments:

من فضلك، اكتب أي ملاحظات أو توصيات أو تفضيلات تتعلق

Please, write in this field any observations, recommendations or preferences related to the camper.

للوالد او الوالدة البيانات الشخصية

STEP 2: PERSONAL DATA OF THE FATHER/ MOTHER/ RESPONSIBLE

الشهرة

Last Name: _____

الاسم

First Name: _____

الجنسية

Nationality / Country: _____

رقم الهوية

Identity document (ID): _____

رقم الجواز

Passport Number: _____

العنوان

Address: _____

المدينة

City: _____

المنطقة

Area: _____

هاتف المنزل

Home phone # 1: _____

Home phone # 2: _____

رقم الجوال

Cell phone # 1: _____

Cell phone # 2: _____

ايميل

Email: _____

3. اختيار المعسكر

STEP 3. CAMP SELECTION

اختيار المركز

مهاجم | لاعب وسط | مدافع | حارس مرمى

Choose field position: Goalkeeper / defender / midfield / forward

4. التفويض

انا الموقع ادناه _____ (اسم ولي الأمر) وبصفتي الولي الجبريو الوصي القانوني الوحيد لولدي _____ او ابنتي _____ مواليد _____ اصرح بموجبه ووافق بموجبه على مشاركة ابني/ابنتي في المعسكر التدريبي الصيفي لنادي ريال مدريد لعام 2017 الذي سيقام في مدينة _____ من تاريخ _____ وحتى تاريخ _____ والمشاركة في جميع أنشطة المعسكر والقيام بالرحلات والأسفار والتقييد بالبرنامج ومواعيد السفر الذي يعدها نادي ريال مدريد وتعديلاتها ، وافر بموجبه وبشكل نهائي وغير قابل للرجوع عنه مهما كانت الأسباب والظروف بأن ابني/ابنتي لا يعاني من اي أمراض مزمنة او غير مزمنة او اي امراض او مشاكل صحية اخرى أو اي إعاقة جسدية أو عقلية، ولا يتناول اية عقاقير او ادوية ولا يخضع الى اي علاج وهو بصحة جيدة جداً ولديه القدرة التي تخوله المشاركة الطبيعية بهذا المعسكر ونشاطاته.

وفي حال تعرض ولدي لأي عارض صحي خلال السفر او خلال مدة اقامته في الخارج فانني افوض بموجبه كل من شركة ارابيكا سبورتس (أوف شور) ونادي ريال مدريد بمعالجته لدى الفريق الطبي المتخصص سواء كان من داخل نادي ريال مدريد او في احد المستشفيات او المراكز الطبية خارج النادي للقيام بكل ما يلزم وتستدعيه الحالة الصحية للمشارك بما فيه اجراء العمليات الجراحية الضرورية اللازمة له، دون اي مسؤولية على نادي ريال مدريد او شركة ارابيكا سبورتس (كونه ليس لهم دور في القرارات الطبية) ، ونوافق بموجبه على جميع عقود التأمين التي اجراها نادي ريال مدريد لتغطية الأضرار والطوارئ التي قد تحدث اثناء مشاركة ولدنا في أنشطة المعسكر او خلال سفرهم وتنقلاتهم ، ونعفى بموجبه كل من شركة ارابيكا سبورتس ونادي ريال مدريد من اي مسؤولية في حال الظروف القاهرة التي تطرأ خلال المعسكر او السفر و التي يتعرض لها ولدنا.

كما وانني ووفقاً للقانون الأساسي 199/15 في 13 كانون الأول/ديسمبر لحماية البيانات الشخصية، يمكنك أو، حيثما يكون ذلك مناسباً، ممثلة القانوني، موافقة مستنيرة والصريحة والقاطعة لدمج البيانات إلى ملفات البيانات الشخصية الموجودة في "مؤسسة ريال مدريد"، فضلاً عن تجهيز بغية إدارة مشاركتهم في مختلف المناسبات ينظمها نادي ريال مدريد والمؤسسة، الإدارية، إدارة الفواتير والدفع، نادي الجمعيات إدارة و/أو الرياضة، وإدارة التأمين، استطلاعات الرأي، كما كذلك لتوجيه الرسائل التجارية، بما في ذلك الوسائل الإلكترونية بمختلف المناسبات التي تنظمها المؤسسة. المسؤول عن هذه الملفات: " مؤسسة ريال مدريد " التي أنشئت في نسخة اسكوينا ديل برنابيو ج/بادري داميان، 28036- مدريد.

وأيضاً وافق بموجبه على ظهور ابني/ابنتي سواء بالصورة و/أو صوت او بالاثنتين معاً واخذ الصور والتسجيلات له وجمعها ونسخها ونشرها - لصالح مؤسسة ريال مدريد في جميع وسائل الاعلان المرئية والمسموعة او المقروءة واللوحات الاعلانية والصحف والمجلات والمقابلات والانترنت او في اي وسيلة اعلانية اخرى سواء كانت معروفة حالياً او ستعرف في المستقبل والتي يكون هدفها الاعلان او التويه بنشاطات المعسكر او نادي ريال مدريد. دون ان يكون لي او لولدي حق المطالبة المادية بأي تعويض او حقوق عن هذه المشاركة، بحيث تكون المؤسسة هي المالكة لجميع حقوق هذه الصور والتسجيلات والاعلانات .ويحق لها استخدامها بالشكل القانوني دون الرجوع اليها

كما وافق بموجبه مشاركة البيانات الشخصية المتعلقة بصحة ابني/ابنتي مع "مؤسسة ريال مدريد" وأوافق على المعالجة من قبل إدارة المؤسسة لمشاركة ابني/ابنتي في مختلف النشاطات التي تنظمها المؤسسة والنادي، وعند الاقتضاء، لتيسير الامور مشاركة هذه المعلومات مع المرافق الرياضية، مع مكان الإقامة، ومع شركات التأمين لدى إدارة المؤسسة .
وأيضاً اصرح وأوافق على نقل البيانات الخاصة بي إلى نادي ريال مدريد ومؤسسة ريال مدريد، لتلقي الأخبار عن الأحداث أو الترقيات أو أخبار النادي، وللمشاركة في عروضات التي يقدمها نادي ريال مدريد ومؤسسة ريال مدريد من خلال مشاركة ابني/ابنتك في هذا الحدث عبر التسجيل والتوقيع على هذه الاستمارة .
قد يمكنك ممارسة الحقوق الخاصة بك من الوصول والتصحيح وإلغاء والمعارضة في مقر مؤسسة ريال مدريد، والقدرة على استخدام أي من قنوات الاتصال المقدمة من "مؤسسة ريال مدريد"، وفقاً "حماية البيانات الشخصية"، في مكاتب مؤسسة ريال مدريد (اسكوينا ديل برنابيو ج/داميان بادري

لقد قرأت ووافقت بشكل نهائي على كافة الشروط الواردة في هذه الاستمارة وذلك بعد اطلاعي على المعلومات العامة حول " المعسكر التدريبي الصيفي لمؤسسة ريال مدريد " التي قدمت لي ووافق عليها بدون اي تحفظ

وقيع أحد الوالدين أو الوصي القانوني: _____

توقيع المشترك إذا ما يزيد على 14 عاماً: _____

STEP 4. AUTHORIZATION

I hereby authorize the participation of my child in the Real Madrid Foundation Campusexperience 2017, and in its activities and bus travel required for transfers, and declare that he has no disease or physical or mental handicap, why he can not participate normally in it. I also expressly renounce any responsibility claim for any injuries that may arise as a result of the ordinary practice of the activities of the camp.

This authorization extends to medical and surgical decisions where, in cases of extreme urgency and no possibility of previous consultation, should be taken, under the proper prescription.

In accordance with the Organic Law 15/199 of December 13th on the Protection of personal data, you or, where appropriate, his legal representative, is informed and express and unequivocal consent to the incorporation of their data to the existing personal data files in the Real Madrid Foundation as well as its processing in order to manage their participation in various events organized by the Real Madrid CF and the Foundation, administrative, billing and payment management, club management and / or sports associations, insurance management, opinion surveys, as well as for sending commercial communications, including electronic means, of the various events organized by the Foundation. The Responsible for these files is: Real Madrid Foundation, established in CC Esquina del Bernabeu C / Padre Damián, 28036 - Madrid.

You also consent to the processing of their image and / or voice by the Real Madrid CF and the Foundation either through recordings or through photographs, whose purpose will be to promote the various events of the Club and the Foundation. In this sense, you expressly consent to the collection of his image and / or voice, reproduction and subsequent publication in different media, television, radio, Internet, promotional videos of Real Madrid CF and the Real Madrid Foundation and other promotional channels such as magazines, brochures, ads, billboards.

On the other side and, if necessary, by means of this form you expressly consent to the processing of personal data relating to their health by the Foundation to manage its participation in various events organized by it and by the club, and also that the Real Madrid Foundation transfer its personal data where necessary, to facilitate access to sports facilities, residence, and insurance companies for the management of the Foundation insurance.

You expressly consent to the transfer of your data or your principal to REAL MADRID CF and the Real Madrid Foundation, to receive news on events, promotions or club news, to participate in draws and to benefit from the advantages offered by the Real Madrid CF and the Real Madrid Foundation for his participation in this event that you register by signing this form.

You may exercise your rights of access, rectification, cancellation and opposition in the headquarters of the Real Madrid Foundation, being able to use any of the communication channels provided by the Real Madrid Foundation, according to the Protection of Personal Data, in the Foundation offices (CC Esquina del Bernabeu C / Padre Damián),

I have read and accept all conditions contained in this brochure and general information about the Real Madrid Foundation Campusexperience I have been provided.

YES, I have read and accept all above conditions, and in witness thereof I sign this authorization.

Signature of Parent or Legal Guardian: _____

Signature of Participant if over 14 years old: _____

Date: _____

Residential Campus Experience are aimed for kids from 9 to 17 years old. From the moment they wake up till they go to bed our participants will live firsthand what is to grow as a group within the programme of learning and sports directed by Foundation Real Madrid coaches and Campus Experience educators. Housed in the first class residence they are going to transfer daily to **Ciudad Real Madrid de Valdebebas** to take 90 minutes of training in the morning and 90 minutes in the afternoon under the supervision of **Real Madrid Foundation coaches**. All these associated to the **values of our club**.

Ages: 9 to 17 years old

Duration: 7 days from Sunday to Saturday

Sports Facilities: Real Madrid Sports City in Valdebebas

Residence: Universidad Autonoma

Meeting Point: Santiago Bernabéu

Daily Activities

7:45	Wake up Time
8:00	Breakfast and Dental Hygiene
9:00	Sport Education
9:00	Bus to Valdebebas
10:30	Training Session
12:00	Shower and Morning Snack
12:15	Bus to Residence
12:45	Experience Activity
14:00	Lunch and Dental Hygiene
15:00	Fun Experience Activity
15:30	Swimming-pool
16:30	Bus to Valdebebas
17:15	Training Session
18:15	Bus to Residence
18:45	Shower and Afternoon Snack
19:00	Fun Experience Activity
19:30	Team Experience Activity
20:15	Parents Calls
21:15	Dinner and Dental Hygiene
22:00	Experience Activity
23:30	Bed Time

* Daily activities, timetable and facilities above are subject to changes depending on the assigned group, ages and organizational reasons.

What is Included?

- Two Training Session
- Four Session of Experience Activity
- One Session of Sport Education
- Breakfast, Morning Snack, Lunch, Afternoon Snack, Dinner
- Real Madrid Foundation Official Kit
- Cap
- Certificate/Photo
- Santiago Bernabéu Tour
- Madrid sightseen citytour
- Permanent supervision by instructors and teachers specialised in childhood and youth
- Physiotherapist available right on the field
- Sanitas Medical assurance in case of medical circumstances



GOBIERNO
DE ESPAÑA

MINISTERIO
DE ASUNTOS EXTERIORES
Y DE COOPERACIÓN



Campus
Experience

الوثائق اللازمة للمشاركين للحصول على الفيزا :

1. صورة شمسية عدد 2
2. كشف حساب لولي الامر آخر ثلاث أشهر (مختوم و مصدق من البنك) 5000 USD minimum
3. اخراج قيد عائلي (مترجم) أصلي + صورة عنه
4. رسالة إذن سفر من الوالدين (مصدقة من قبل كاتب العدل) + (مترجمة)
5. صورة عن جواز السفر او الهوية (مترجمة) للوالدين
6. افادة من المدرسة (مترجمة) أصلية
7. جواز سفر صالح ل 6 اشهر عن تاريخ الرحله
8. تامين للسفر 50,000USD or 30,000 Euros
9. تذكرة سفر (نحن سنقوم بالحجز) أصلي + صورة عنه
10. حجز فندق (نحن سنقوم بالحجز) أصلي + صورة عنه
11. املاء استمارة الشنغن فيزا (امضاء الام والأب في الصفحة الثالثة والرابعة)



Application for Schengen Visa

This application form is free

PHOTO

1. Surname (Family name) (x)				FOR OFFICIAL USE ONLY	
2. Surname at birth (Former family name(s)) (x)				Date of application:	
3. First name(s) (Given name(s)) (x)				Visa application number:	
4. Date of birth (day-month-year)		5. Place of birth		Application lodged at	
		6. Country of birth		<input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border	
7. Current nationality		Nationality at birth, if different:			
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)		Name: <input type="checkbox"/> Other	
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian				File handled by:	
				Supporting documents:	
				<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
11. National identity number, where applicable					
12. Type of travel document <input checked="" type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)					
13. Number of travel document		14. Date of issue		15. Valid until	
				16. Issued by	
17. Applicant's home address and e-mail address				Telephone number(s)	
				<input type="checkbox"/> Valid: From Until	
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent No. Valid until				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple	
* 19. Current occupation				Number of days:	

* The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.		<p>I am aware that once the visa request has been submitted, a copy of the form, sealed with the indication of the date and place of reception, shall be returned to the applicant and that arrangements can be made with the applicant as to the channel to request corrections or the supply of documents or certificates, as well as to serve notice of summons and to notify the decision adopted in due course.</p> <p>Notices and requests shall be served by telephone or fax to the contact number provided by the interested party or his/her legal representative. If they were to prove ineffective, they shall be served in writing to the domicile set out in the application, which must be located within the consular district.</p> <p>Summons and requests served must be complied with within a period not exceeding ten days, unless personal attendance is required in which case the deadline is fifteen days.</p> <p>Once all the possibilities of serving a notice have been exhausted, the notice shall be served by means of an announcement posted at the relevant notice board of the Embassy or Consulate during ten days.</p> <p>If no reply is received to a request or summons, the applicant shall be deemed to have withdrawn his request and the resolution establishing this to be the case shall be notified to him.</p> <p>Applications shall be decided on within 15 calendar days of the date of the lodging of an application. That period may be extended up to a maximum of 30 calendar days in individual cases, notably when further scrutiny of the application is needed or in cases of representation where the authorities of the represented Member State are consulted.</p> <p>Exceptionally, when additional documentation is needed in specific cases, the period may be extended up to a maximum of 60 calendar days.</p> <p>The visa once granted must be collected within a month. If a visa is not collected within the aforesaid period, the applicant shall be deemed to have renounced to the visa granted and the proceedings shall be filed.</p>
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)		
22. Member State(s) of destination Spain – Madrid	23. Member State of first entry Spain – Madrid	
24. Number of entries requested <input checked="" type="checkbox"/> Single entry.... <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days	
26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from to		
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes. Date, if known:		
28. Entry permit for the final country of destination, where applicable Issued byValid fromuntil.....		
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area	
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s) The Residential Facilities of Universidad Autonoma de Madrid		
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s) Address : C/Erasmus de Rotterdam,7,28049 Madrid	Telephone and telefax +34 911 291 101	

* The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

*32. Name and address of inviting company/organization Fundacion Real Madrid Campus Experience - Centro Comercial Esquina Bernabéu, c/ Padre Damián. 28036 - MADRID. (Spain)		Telephone and telefax of company/organization +34 912 775 988
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organization Sagues Joaquim - Centro Comercial Esquina Bernabéu, c/ Padre Damián. 28036 - MADRID. (Spain)		
*33. Cost of travelling and living during the applicant's stay is covered		
<input checked="" type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input checked="" type="checkbox"/> Pre-paid accommodation <input checked="" type="checkbox"/> Pre-paid transport		<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <input type="checkbox"/> referred to in field 31 or 32 <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Pre-paid transport <input type="checkbox"/> Other (please specify)
34. Personal data of the family member who is an EU, EEA or CH citizen		
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian)
I am aware that the visa fee is not refunded if the visa is refused.		
Applicable in case a multiple-entry visa is applied for (cf. field no 24): I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.		

* The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields no 34 and 35.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS)¹ for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. In Spain, the authority responsible for processing the data is the consular post at which the visa was applied for.

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [in the Spanish case, the *Agencia Española de Protección de Datos*; calle Jorge Juan 6, 28001 - Madrid (Spain) – www.agpd.es] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian):
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¹ Insofar as the VIS is operational.

AUTORISATION PARENTALE

Nous, soussignés, M. _____, carte d'identité /
passeport N°._____, et Mme _____,
carte d'identité / passeport N°._____, autorisons notre fils/fille
mineur(e) _____ à voyager en Espagne
du _____ au _____ avec le groupe organisé par

et nous nous portons garant de toutes les dépenses de notre fils/fille durant
le dit-séjour.

Beyrouth, le _____

Signature du père

Signature de la mère

(Prière de joindre les photocopies des cartes d'identité ou des passeports
des parents)