

CONTACT US AT +33.6.13.18.67.26

520 €/CHILD*

FROM 8 TO 14 YEARS OLD FROM MONDAY TO FRIDAY

PROFESAM

MONDAY

E-Bike Tour + Hiking

TUESDAY

Rafting + Indoor climbing

WEDNESDAY Mini-musher experience + Mountain bike

THURSDAY

Tree climbing + Orienteering

FRIDAY

Hiking + Fishing

* PRICE INCLUDES ACTIVITIES, LUNCH AND TRANSPORT

DISCOVER AND LEARN ABOUT MOUNTAIN ENVIRONMENT WHILE HAVING FUN

DEDICATED TO CHILDREN/TEENAGERS WHO ENJOY AND PRACTICE SPORTS REGULARLY



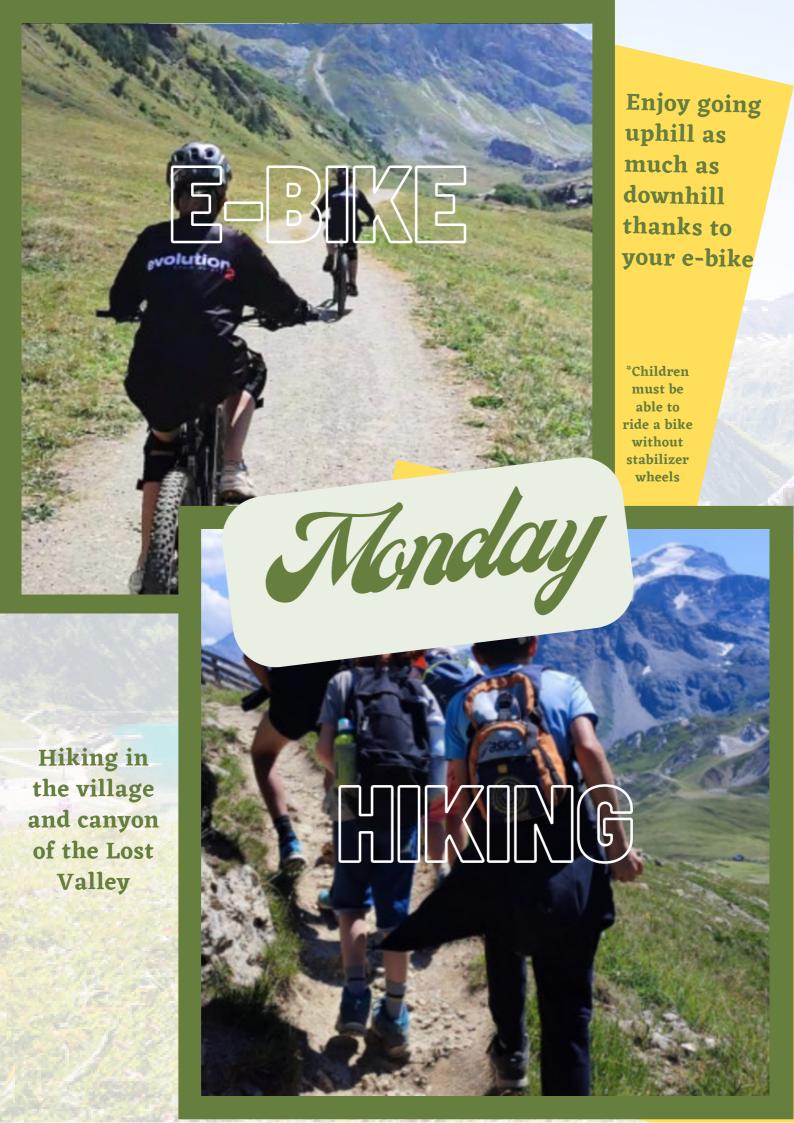




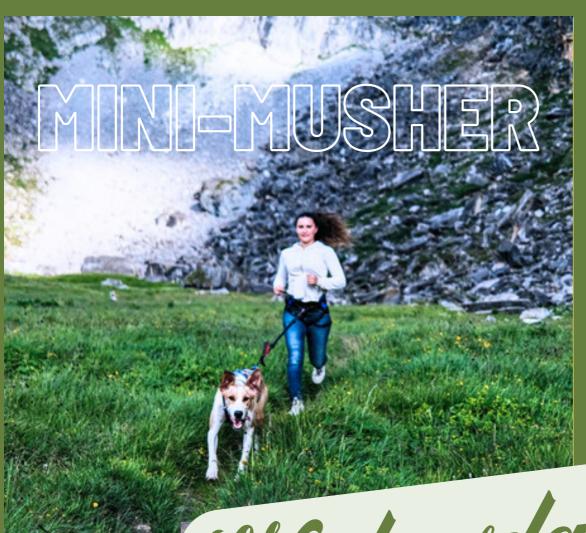












Multiactivities*
with
mushing
dogs

*cani-rando, agility, cani-kart and cani-trot'

Mountain bike initiation

*Children
must be
able to
ride a bike
without
stabilizer
wheels





Pleasant and fun track in the trees in Val d'Isere

to read a map and make sure to find all the strategic points in Val d'Isere







TO BE REMEMBERED

PARTICIPATION CONDITIONS

- · Children must be over 8 years old
- Concerning rafting: children must be able to swim 25m in open water
- Concerning mountain bike: children must be able to ride bikes without stabilizer wheels
- No pre-requisites are required for the other activities

OUR METHOD

- · Get to know and understand more about the mountains in summertime
- · Group cohesion and fun are always present

ORGANISATION AND SAFETY RULES

- · Activities are always supervised by qualified instructors
- MyTignes Cards are not included and are required for downhill mountain bike activities
- The program is subject to change due to weather conditions
- A minimum of participants is required to maintain the activities
- Upload the program and please make sure all the registration documents are filled up and return to us

INSURANCE AND CANCELLATION

- Flexible general conditions of sales.
- Insurance is highly recommended. Make sure your own insurance covers
 your activities in case of cancellation for personal or professional reasons
 as well as injuries or accidents. Assurmix offers to subscribe to a
 cancellation insurance that covers you in case of unforeseen circumstances
 or interruption of your activities. Please contact us for any further details.

SUBSCRIPTIONS CAN BE MADE ONLINE, BY EMAIL OR DIRECTLY IN OUR OFFICES, SUBJECT TO AVAILABILITY















CHECK LIST

For the whole week

ACTIVITIES

- Sport t-shirt
- Sweat-shirt or fleece sweat-shirt
- Windbreaker jacket or rain jacket
- Shorts
- · Swimming suit
- Jogging / leggings / hiking pants
- Sport socks
- · Sport baskets / Hiking shoes
- Sunglasses
- High protection Sunscreen (indication 50) + Sun lipstick
- Cap or hat
- Bottle (50cl minimum) / Camel Back
- Hiking bag (25L minimum)

ADDITIONNAL

- Sunglasses
- Headlamps
- Personal sport equipment if your children have some (climbing shoes, biking shorts...). Do not hesitate to contact us to make sure your equipment is useful for our activities.

IMPORTANT INFO

This check list is given as an advice to be as much prepared as possible for the camp. You can of course adjust this list depending on your needs and on the activities chosen by your children. It is necessary to write the full names of your children on every clothes and equipment they wear and bring with them.

Summer Camp activities take place at 2000m above sea level, the temperatures can vary significantly (from 0° to sometimes 30° during the day!). Do not hesitate to pack clothes that are adapted to this weather condition.

It is highly recommended to not bring any valuables. Any lost or damages of personal effects during the activity will not be covered by our insurance (jewels, electronic devices, smartwatch...)



Image Rights

| I, undersigned Mrs/Mr | , acting as the legal representative of the |
|--|--|
| child , grant to the | e company Evolution2 the right to take pictures or |
| videos on which our child could a | ppear. |
| | |
| I also allow : | |
| Evolution 2 structure (print mePublic screening of videos (televi | n removable media (USB key, hard disk,) for the |
| I grant this authorisatio | n free of charge and for an unlimited period. |
| Please inform us | s of any change of opinion |
| Signed in (town) : | Date : |
| Signature of the legal representative | : |



Medical form

Note: This part of the document is intended to give us personal information about your children. This information will be used in case of emergency (injury, illness, etc.) and for the well-being of your children during their stay. Please fill up the form with the utmost care.

| Dates of stay : |
|---|
| Full name of your child : |
| Date of birth : |
| Sexe: |
| Full name of one of the parents : |
| Person to call in case of an emergency n°1 (Full name, mobile phone number) : |
| Person to call in case of an emergency n°2 (Full name, mobile phone number) : |

1.Vaccination:

| Mandatory | Yes | No | Date of the last | Recommended | Yes | No | Date of the last |
|--|-----|----|------------------|---|-----|----|------------------|
| Vaccinations | | | vaccination | Vaccination | | | vaccination or |
| | | | | | | | date of disease |
| DTP (diphteria, tetanus, poliomlite) | | | | Tuberculosis Pertussis Measles-Rubella- Pox Pox Hepatitis B Covid | | | |

Please note that DTP does not present any contraindication



2. Medical information concerning your child

Is your child receiving medical treatment during your stay? YES NO

If yes, please attach a recent prescription and the corresponding medicines (boxes of medicines in their original packaging marked in the child's name with package insert)

No medication will be taken without a prescription.

| Does the | child ha | ave allergi | es? YES | NO | | | | | |
|------------|-----------|-------------|---------------|----------|------------|------------|---|----------------|--------|
| If yes, pl | ease pro | ecise exac | tly what kind | d of all | ergies, th | ne cause a | and the pro | ocess to follo | w (in |
| case | of | S | elfmedicatio | n, | plea | ise | tell | us) | : |
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| | | | | | | | | ccidents, seiz | |
| hospital | stays, | surgery, | reeducation) | preci | sing the | dates a | nd your r | ecommendat | ions: |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Does voi | ur child | wear len | ses, glasses. | hearir | ng aids. (| dental pr | ostheses? | Please, spe | cify : |
| 2003 70 | | wear ren | 500) Blasses, | | .6 4.45) | acircai pi | | 1 10000, 500 | o, . |
| ••••• | •••••• | ••••• | ••••• | •••••• | ••••• | •••••• | • | •••••• | ••••• |
| | ••••• | | | ••••• | | | | | ••••• |
| | | | | | | | | | |
| If your c | hild is a | a girl, doe | es she have | her pe | eriod ? | | | | |
| Oui No | on | | | | | | | | |
| Do vou h | ave oth | er precisio | ns ? | | | | | | |
| 20,00 | | o. p. oo.o. | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name | and | phone | number | | | | | | |



| I, undersigned Mrs, Mr, | | | | |
|--|--|--|--|--|
| legal representative of the child, declare accurate the information on this document and | | | | |
| authorise the person in charge of the stay to take, if necessary, any measures (medical | | | | |
| treatment, hospitalization, surgery) made necessary by the child's condition. | | | | |
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| | | | | |
| Date : Signature : | | | | |
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Please return this document well completed 3 days before the beginning of the

camp.