

PHOTO

REGISTRATION AND HEALTH RECORD

Gather all the necessary information for a safer tour.
CALM AND EFFICIENT

Summer Tournament Tour 2026 - From July 16th to August 6th - Nîmes - FRANCE

"To raise awareness among younger players about methodically organizing their game in competition,

Developing a competitive mindset and attitude that allows you to improve as a person and as a player, at every moment, in every match, in all aspects of the game—dietary, Tactical, physical, mental (capacity for overcoming challenges and long-term concentration), in order to compete at a high level."

Date:

Name:

Last names:

Birthdate:

I WISH TO PARTICIPATE IN THE 2026 SUMMER TOURNAMENT TOURNAMENT TOUR WITH BIC TENNIS AC IN FRANCE

FROM JULY 16 TO JULY 27 – 11 Days

FROM JULY 27 TO AUGUST 6 – 11 Days

FROM JULY 16 TO AUGUST 6 – 22 Days

BETWEEN JULY 16 AND AUGUST 6,

BIC is giving away 2 "PACKS X 1 year of PROJECT PRO training"!

to 2 of the players on this Tour, determined to Train, Give and Teach their best)

(Selection by Jury draw, among the participants of the 2026 Tour with More "BIC points", on 15/08/2026. All conditions in www.Bictennisac.com)

I WISH TO PARTICIPATE IN THE SELECTION PROCESS

BIC TENNIS / RENAUD BOYER

ITF, TENNIS EUROPE, WTA ATP accompaniment.

Request more information and/or sign up?

+34 644 499 443 (Tel-WhatsApp)

All General Terms and Conditions are available on the website www.BicTennisAc.com

BIC TENNIS

— PRO TRAINING —

TO TRY TO WIN 1 YEAR OF FREE TRAINING (minimum 11 days of Touring)

NAME(S) of the child's legal guardian(s):

Father

Passport number

and/or CIN number:

SIGNATURE

Address:

Mobile:

Landline

@

Mother

Passport number

and/or CIN number:

SIGNATURE

Address:

Mobile:

Landline

@

Tennis Ranking France/Spain/England:

Ranking(s)N Tennis Europe, UTR, ITF Junior, WTA, ATP :

License No.:

Other sport(s):

- Please add a copy of the valid passports or national identity cards of both parents.
- Send this registration form to jouezjuste@gmail.com
- Contact us to get to know each other, proceed with payment, or pay 50% of the total price of the requested tour. (Bank transfer, Bizum, French checks, cash)

The confirmation of the tour and participation in the selection process to win the training packs will be effective on the day of payment of the tour, in its entirety.

THE INITIAL PAYMENT OF 50% OF THE TOTAL TOUR GUARANTEES, UP TO 1 MONTH BEFORE THE START OF THE TOUR, PARTICIPATION IN IT, AND SELECTION.

In the event that the maximum number of participants who have fully paid for their tour is reached, we will proceed to refund the candidates who have not fully paid for the tour.

- Remember that the Tour is limited to 16 players at the same time,
- The Selection to Win 1 YEAR OF FREE TRAINING is open to players who have fully completed their registration, with payment of the full amount of their Tour.

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- CHILD'S MEDICAL INFORMATION

Does the child receive medical treatment during their stay?

If yes, please attach a recent prescription and the corresponding medications (medicine boxes in their original packaging labeled with the child's name).

You cannot take any medication without a prescription.

HAS THE CHILD EVER HAD THE FOLLOWING ILLNESSES?

RUBELLA	<input type="checkbox"/>
CHICKENPOX	<input type="checkbox"/>
ANGINA	<input type="checkbox"/>
RHEUMATISM	<input type="checkbox"/>
ACUTE JOINT	<input type="checkbox"/>
SCARLET	<input type="checkbox"/>
COUGH	<input type="checkbox"/>
OTITIS	<input type="checkbox"/>
MEASLES	<input type="checkbox"/>
MUMPS	<input type="checkbox"/>

ALLERGIES:

ASTHMA
MEDICATIONS
MEAL

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OTHERS

SPECIFY THE CAUSE OF THE ALLERGY AND WHAT TO DO IN CASE OF AN ALLERGIC REACTION
(if self-medicating, report it)

INDICATE BELOW :

HEALTH DIFFICULTIES (ILLNESS, ACCIDENT, SEIZURES, HOSPITALIZATION, SURGERY,
REHABILITATION) SPECIFYING THE DATES AND PRECAUTIONS TO TAKE.

Please specify any recent injuries, even minor ones. (tendinitis, fracture, muscle strains,
etc.)

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BIC TENNIS

PRO TRAINING

Helpful Recommendations for Parents

DOES YOUR CHILD WEAR GLASSES, HEARING AIDS, DENTURES, ETC.?

PERSON RESPONSIBLE FOR THE CHILD (throughout the stay)

RENAUD BOYER,

with Spanish NIE Y8236386P, and French passport 21EE75801

Address Spain: Renaud BOYER, BIC TENNIS Ac,
Passeig Ferrocarril 164, 08860 CASTELLDEFELS-Barcelona.

Telephone: +34 644 499 443 +34 684 351 975

NAME OF THE DOCTOR TREATING THE CHILD:

Phone:

I _____, legal guardian(s) of
(Child) _____ I declare the information contained
in this form to be true and authorize to the person in charge of the stay, Renaud BOYER
(with NIE Y8236386P, and French passport 21EE75801), to take all measures and decisions
(treatment medical, hospitalization either, intervention either or surgical) necessary for
the maintenance of my child's mental and physical integrity, or in case of accident.

+

NAME of the person to be notified in case of Emergency :

Phone :

Other people authorized to pick up my child:

SIGNATURES

NAME (Person 1):

Phone:

NAME (Person 2):

Phone:

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Authorization to publish:

I, ma'am, sir, authorize

Renaud BOYER to use the photograph(s), as well as the videos

of my son/daughter _____,

for possible publication on their website (with parental consent) or in any other printed medium. This authorization is granted free of charge and without time limit.

Arbitrator. Article 9 of the Civil Code and Article 8 of the Convention on Human Rights

Signature(s) of the child's guardian(s) preceded by the words "read and approved"
Attach a certificate of no contraindication for the practice of the sport in competition.

Copy of ID card or passport of the child's legal guardian (father/mother or both)

NAME(S) of the child's legal guardian(s):

Father

Passport number

and/or CIN number:

SIGNATURE

Address:

Mobile:

Landline

@

Mother

Passport number

and/or CIN number:

SIGNATURE

Address:

Mobile:

Landline

@

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