

APPLICATION PROCEDURE: INTERNATIONAL FUTBOL X-CHANGE

With your parents, complete the entire application and return the original copy to IFX -Youth X-Change. Applications will not be accepted unless they are complete and all attachments included. Please print legibly in blue or black ink. Make a copy of the application for your own records, and we recommend using a trackable carrier service such as certified USPS, DHL, or FedEx for shipment.

We recommend that you keep a folder with copies of all documents related to your exchange program.

Required Attachments:

- **\$750 Enrollment deposit:** This deposit is put toward your total program cost. It should be made payable to IFX via check or money order. IFX also accepts payment by VISA or MasterCard via PayPal. Do not forget to include your name on the payment.
- **Copy of your passport:** Please include a photocopy of your valid passport. If you do not have a passport yet, apply for it now. A copy of your passport will be accepted later. For expediting a passport application, visit www.passportexpress.com

Application Tips:

- **Application Agreement:** Read thoroughly and familiarize yourself with the policies of the IFX program described in the program agreement at the end of the application. It is necessary that you and your parents fully understand this information and sign the agreement prior to acceptance to the IFX program. The rules have been established to create a safe, enjoyable, and successful program for you.
- **Medical information:** The Medical Release Authorization on page 3 must be signed by your parent prior to submitting your application. Your physician must cosign page 4. **IFX must be notified immediately if there are any changes to your medical condition after these forms have been submitted.**
- **Make sure that your IFX application has been completed neatly and entirely.** Double-check to make sure that all of the required attachments and signatures have been accounted for by going through the program checklist.

SEND YOUR APPLICATION TO:

**IFX
84 Dublin Drive
Pleasant Hill, CA 94523
USA**

INTERNATIONAL FUTBOL X-CHANGE PLAYER APPLICATION

All sections of this application must be completely filled out before consideration for acceptance in the program.
Missing information will delay your acceptance. Please type neatly or print using black or blue ink.

Program Choice: Manchester United Soccer Camp ____ Francesco Totti Camp ____ IFX Germany Camp ____

Duration: 7 days ____ 15 days ____ IFX Argentina Camp ____ IFX Spain Camp ____

Nearest International Airport to your home: _____

Player

Family Name/Legal Name	First Name	Nickname	Sex (M/F)
Street Address		City	
State	Country of Residence	Zip Code	
Date of Birth (day/mo/year)	City of Birth	Country of Birth	
Citizenship	Home Telephone	Email Address	
Current Team	Current League	Position	Alternate Position
Previous Team	Previous League	Accomplishments	

Parents/Legal Guardians

Natural Father's Name/Legal Guardian		Natural Mother's Name/Legal Guardian	
Address		Address	
Occupation	Business Telephone	Occupation	Business Telephone
Home Telephone	Emergency Telephone	Home Telephone	Emergency Telephone
Email		Email	

Family Data

Player lives with: Both parents Mother only Father only Other: _____

Parents are: Married Divorced Separated Other: _____

Other Family Members

Emergency Contact		Telephone	
Name	Age	Sex	Living at home?

I. PERSONAL INFORMATION — To Be Completed By Player

The following section will help IFX get acquainted with your interests and habits so that we can help introduce you to the host family. Please answer all the questions honestly and completely.

1. Have you ever lived away from or traveled without your parents? Yes No

If yes, please explain. _____

2. Do you drink alcoholic beverages with your family?

Never Occasionally Only on holidays

3. Do you drink alcohol with friends?

Never Occasionally Only on holidays

4. Do you smoke cigarettes? Yes No

5. If yes to any of the above 3 questions, I agree not to drink alcohol or smoke on the IFX program.

Player Signature: _____ Date: _____

6. Do you like pets? Yes No

7. Are you allergic to any animals? _____

8. Do you have other allergies? _____

9. Do you follow a special diet? (e.g. vegetarian, low sodium, etc.) _____

10. Indicate the foreign language/s you speak and the number of years you have studied the language/s.

LANGUAGE(S)

YEARS OF STUDY

11. How did you hear about IFX? _____

II. EDUCATIONAL BACKGROUND — To Be Completed By Player

High School/Middle School: _____ Telephone: (_____) _____

Grade Point Average (Scale): _____ Grade level: _____

III. PARENT AUTHORIZATION

1. PARENTAL PERMISSION TO PARTICIPATE:

My son/daughter has my permission to apply for and to participate in an international exchange experience sponsored by International Futbol X-Change.

2. MEDICAL RELEASE AUTHORIZATION:

I /We the legal guardians of the Player, _____ and the Player if of legal age, who have the sole and legal right to make decisions on the health and care of the Player do **release from liability and grant permission** as noted of the following while our son/daughter is overseas as an IFX International Fútbol X-Change participant:

- In the event of **accident or sickness** we/I authorize any IFX employee, authorized chaperones of IFX activities, authorized coach, director, or member of IFX's affiliated host soccer club, and host parent(s) of our son/daughter **to select the appropriate medical facility and physician(s)/dentist(s)** to provide treatment;
- We/I give permission for any operation, administration of anesthetic or blood transfusion which a medical practitioner may deem necessary or advisable for the treatment of our son/daughter;
- We/I further **consent to any medical or surgical treatment by a licensed physician, surgeon or dentist** which might be required by our son/daughter **for any emergency situation**. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice. Permission is granted for immunizations required for school registration.
- In the case of **elective surgery**, we/I request **that we/I be notified prior** to such arrangements.

3. NEWS RELEASE:

I /We the legal guardians of _____ hereby to permit IFX and their agents to use photographs or videos of Player royalty free for IFX promotional collateral and/or website.

Agreed and accepted by:

Signed *	_____	_____
	Player	Date
Signed *	_____	_____
	Father/Guardian	Date
Signed *	_____	_____
	Mother/Guardian	Date

IV. MEDICAL INFORMATION —*To Be Completed By Parents and co-signed by Physician*

Has the Player ever had any of the following? If yes, give dates of illness and detailed information in the space provided below. **Failure to notify IFX of any changes in the below information could result in automatic dismissal from the program.**

	YES	NO	DATE		YES	NO	DATE
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cough (persistent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Headache (persistent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parasites	<input type="checkbox"/>	<input type="checkbox"/>	_____	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	Dyslexia/Word Blindness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____	Attention Deficit Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	_____

If answered **Yes** to any of the above, please provide details and current status: _____

• Does Player have any allergies? Yes No If yes, please describe. _____

• Is the Player currently using any prescription drugs and/or medication? Yes No If yes, give details and list specific drugs being used. _____

• Has the Player experienced disease, impairment or abnormality of any of the following?

	YES	NO	DATE		YES	NO	DATE
Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bones, Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood, Endocrine Sys.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brain, Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	_____	Skin (Acne, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	_____

• Additional Comments: _____

Verification: I have completed/reviewed the above information, and it is accurate and complete.

Parent signature

Date

Physician signature

Date

V. IFX Payment Schedule/Refund Policy

IFX International Fútbol X-Change Payment Schedule

1. \$750 Enrollment Deposit due with Application
2. Final Balance Due (Application Deadline):
April 31st for Summer Program

IFX International Fútbol X-Change Cancellation & Refund Policy

If you are not accepted into the exchange program for any reason your \$750 enrollment deposit will be refunded. If you withdraw before IFX Acceptance, IFX will keep a \$50 processing fee and refund \$700. Once you receive IFX Acceptance into the International Fútbol X-Change program, your \$750 enrollment fee becomes non-refundable.

- If you withdraw from your program within 15 days of IFX Acceptance your \$750 deposit will be held as a cancellation penalty.
- If you withdraw from your program more than 15 days after you received IFX Acceptance, the cancellation penalty will be \$1,000.
- If you withdraw from your program after April 31st, in all circumstances, the cancellation penalty will be 50% of the total program fees.
- No refunds are granted within 30 days of departure.
- In the unlikely event that IFX is forced to cancel a program or you are not fully accepted by our program all payments will be refunded, including your initial \$750 deposit minus a \$50 application processing fee.

VI. IFX PROGRAM AGREEMENT -- *Must be completed by Player and Parents*

International Futbol X-Change, LLC, its agents, affiliates, officers, directors, staff, regional and local representatives (collectively "IFX") and the undersigned parent(s) or legal guardian(s) ("Parents") and Player ("Player"), understand and agree to the terms and conditions stated in this Program Agreement ("Agreement") relating to Player's participation in IFX's International Fútbol X-Change Program ("Program"). Parents and Player are referred to collectively as the Participants ("Participants"). Adults(s) and their resident children who volunteer to host a Player for the Program term are referred to as the Host Family ("Host Family"). The Player's Program whether taking place in the United States or abroad will be referred to as the Host Country ("Host Country").

A. Admission: IFX considers many criteria in determining whether to admit the Player into the Program including but not limited to a Player's application packet, academic background, age, education level, physical and mental health, references, and personal interview. All IFX Players must meet the selection standards as defined by Program requirements. IFX has the sole discretion to determine whether the Player will be admitted into the Program and such determination is final.

B. Placement: Players and Parents are prepared to accept the host family and community in which the Player is placed. The Player will make every effort to become a member of the host family and community, and to participate fully in the academic portion of this exchange program.

C. Program Fees: Parents agree that program fees will be paid to IFX according to the payment schedule, and understand that IFX will not allow Players to depart on program without receiving full payment of all program fees. Parents and Player have read and understand the IFX International Fútbol X-Change Cancellation & Refund Policy.

D. Living Expenses: Parents agree to provide the Player with a sufficient amount of spending money to cover personal expenses and incidentals during the Program so as not to be a burden on the Host Family. IFX recommends US\$200 per month for most host countries. Players are expected to reimburse the Host Family for extraordinary expenses such as personal telephone calls, textbooks, school activity fees, or damages that may occur.

E. Dissimilarities or Differences in the Host Country: In addition to learning the language of the Host Country, the Player is expected to make every effort to adapt to the culture and lifestyle of the Host Family and the Host Country. There may be significant cultural, economic, and lifestyle differences between the Player's home country and Host Country including those in health care services, living conditions, transportation systems, educational systems, criminal justice, civil liberties, customs, values and acceptable behavior with regards to age and gender. Some Host Country differences may be relatively inferior or unreliable in comparison to the Player's home country while others may be superior. Living conditions may also vary between Host Families even within the same community. Participants must be aware of and accept these differences as part of the Program, and accept the risks associated with traveling and living in another country. The Player's level of maturity must be adequate to recognize and cope with these differences and challenges.

Parents must take responsibility to educate and prepare the Player for the inherent risks associated with foreign travel and living abroad. Program Representatives will regularly monitor the Player's progress and are available in person or by telephone to provide regular ongoing support and emergency assistance during the Program. However IFX cannot and does not provide constant direct supervision of the Player. The Player must be responsible for taking the initiative to communicate with IFX and seek help as soon as she/he needs assistance.

As a condition of acceptance into the Program, the Participants agree and hold IFX harmless for all injuries and/or damages incurred during the Player's participation in the Program resulting from any risks associated with international travel and living abroad, and any negligence and/or intentional acts caused by any third party, including but not limited to any member, guest, employee or agent of the Host Family or other person in the Host Country.

F. Rules for IFX Players:

1. **Host Family Regulations:** Players must obey host family regulations regarding curfew, smoking, drinking, dating, and household chores for which they are responsible. They may not have guests in the Host Family home without their Host Family's consent and supervision.
2. **Laws of the Land:** Players are subject to the authority and laws of their Host Country and must obey all national, state, and local laws and school regulations. Exchange Players enjoy no special immunities from prosecution. Participants agree to hold IFX blameless for any or all consequences that may result from the Player breaking the law of the land.
3. **Drugs:** The use of non-prescription drugs or controlled substances is illegal. Players may use only those drugs prescribed by their doctor (or patent medicines available over-the-counter in the Host Country). Use of illegal drugs during the IFX program is grounds for immediate dismissal. Exchange Players arrested for drug possession will face the same penalties as citizens of the Host Country including mandatory fines, prison terms or severe penalties.
4. **Alcohol:** Players may not drink or purchase alcoholic beverages including beer and wine. Possible dismissal from the IFX Program may result from breaking this rule.

5. **Driving:** Players may not drive motor vehicles during their program, even if they are in possession of a valid US driver's license.

6. **Travel:** Players may not hitchhike or travel independently. Nor may Players travel while school is in session without the written permission of their school. Any travel that a Player undertakes should be limited to school vacation periods after the Christmas holiday. To travel, a Player must be accompanied by a responsible adult (25 years or older) and have written permission from IFX, Host Family and Parents. To travel after the Program, Parents must give written permission and sign a Program Release Form. Players may not visit their Home Country during the Program.

7. **Life-Changing Decisions:** IFX Players may not initiate "life-changing" decisions while on the Program. This includes changing religion (though a Player may explore the tenets of any faith), pregnancy, and marriage. Because of the life-changing impact of these decisions it is better to wait until the experiences and attachments coming from an exchange in the Host Country can be viewed from the perspective of the Player's own culture. Players may also be dismissed from the Program if they develop a life threatening medical disorder such as anorexia or bulimia that cannot adequately be treated while on the Program.

Participants understand that while IFX reviews each Player's situation on a case-by-case basis, infraction of any of the above rules and/or unacceptable behavior may be grounds for dismissal from the IFX Program. IFX reserves the sole and final right for decisions on Player dismissals and may return a Player to their home country immediately at any time at their own expense.

G. Insurance: Participants agree to familiarize themselves with the coverage, exclusions and limitations of their insurance policy and to consult with their IFX representative and their insurance provider beforehand to determine what activities are excluded from coverage. Policies may not cover pre-existing conditions, injuries resulting from driving motorized vehicles, certain categories of sports injuries, injuries resulting from the commission of a crime, self-inflicted injuries, or injuries sustained from participation in high-risk (extreme) sports.

H. Health Care Treatment: IFX will normally consult with Parents before authorizing any medical care for a Player. However, a situation requiring immediate attention could conceivably occur. In such a case the Participants consent and authorize IFX or adult Host Family member to obtain without obligation, and at their discretion, any necessary medical, dental, surgical, psychological, psychiatric or hospital care, prescribed by a health care authority, for the immediate welfare of the Player. The Parents authorize the health care provider to release the Player to IFX, or adult Host Family member and to release all health care records relating to the Player to IFX.

I. Legal Proceeding: Participants consent and authorize IFX to pursue or defend any legal proceeding regarding the Player during the Program, costs to be reimbursed by Parent(s). However, IFX or any adult Host Family member is not obligated to pursue or defend any such legal action or proceedings. The Participants authorize any court, law enforcement agency, or any other government agency to release the Player to IFX in the event that the Player is detained or held by any such entity.

J. Use of Player's Name and Likeness: Participants consent and authorize IFX to use the Player's name, photograph, file or video likeness of Player or any comments or statements of Player in materials or publications to promote the Program.

K. End of Program: Players are expected to return to their home usually within two weeks after their Program end. Neither IFX staff nor the Host Family will be responsible for a Player who remains illegally in the Host Country after the end of the Program. A Player who ignores this regulation faces severe fines and penalties, which may include disbarment from future re-entry into the Host Country. In addition, a Player will not be covered by any insurance policy held by IFX after the Program end. Participants expressly release IFX, its' representative organizations, and the Host Family from all liability, injury, damages or claims incurred after the termination of the Program.

L. Problem Notification and Resolution: IFX provides ongoing support of all Players, however Players cannot be continually supervised or controlled by IFX. It is the responsibility of the Player to advise IFX of any significant problems, such as concerns about health, safety, adjustment problems with school, language or culture, or issues involving the Host Family. IFX will make every effort to intervene and resolve these problems to help the Player successfully complete the Program. In this effort, IFX may, in its sole discretion, seek a replacement Host Family, if possible within the same community. However, if the Player does not make a substantial good faith effort or if the Player violates any terms of this Agreement, IFX may, in its sole and absolute discretion, terminate the Player's participation in the Program and immediately repatriate the Player to the home country.

M. General Release and Hold Harmless Provisions: As a condition of Player's participation in the Program, the Participants agrees to release and hold IFX harmless for injury, loss, delay, or any damage and expense incurred by the Player due to: (i) any incident beyond IFX 's reasonable control, including, without limitation, force majeure, crimes of violence, acts of war, or government actions and restrictions; (ii) any events directly or indirectly caused by intentional or negligent acts or omissions by any third party, including but not limited to any member, guest, employee or agent of the Host Family or any other persons in the host country; (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated



with health care, sanitation, transportation, crime, justice, legal systems, customs, and values; (iv) any differences in the living conditions and standards between Player's home and home country and the host home and Host Country.

N. Indemnification: As a further condition of Player's participation in the Program, the Participants agree to indemnify and hold IFX harmless from any liability or expense, including court costs and attorney's fees, resulting from any injury, loss or any other damage or expense caused by the Player during his/her participation in the Program.

O. Arbitration and Venue: This agreement shall be deemed to have been made in the State of California, USA and its validity, construction, breach, performance and interpretation shall be governed by the laws of the State of California, USA. The parties to the Agreement acknowledge and agree that any dispute or claim arising out of this Agreement, any resulting or related transaction, or the relationship of the parties, shall be decided by neutral, exclusive and binding arbitration in San Francisco County, California, USA. The arbitration shall be conducted before JAMS/Endispute, Inc. Either party may appear telephonically at the arbitration hearing. The award of the arbitrator may be enforced in any court of competent jurisdiction located in the State of California, USA. In the event that the arbitration clause is deemed void or inapplicable, each party expressly consents to and submits to the personal jurisdiction of the federal or state court (s) of San Francisco County, California, USA. In any action, including arbitration, brought for breach of this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and costs, including, but not limited to, the costs of arbitration.

P. Ratification of Contract: In the event the Player is under the age of 18 at the time of execution of this Agreement, and the Player attains 18 years of age while participating in the Program, the Player agrees that continued participation in the Program after he/she attains 18 is deemed a ratification and adoption of all the terms and conditions of this Agreement.

Q. IFX Program Agreement Controls: Where there are any differences between this Agreement and any other program materials, the Agreement shall control. IFX cannot be legally bound or committed by any person other than a duly authorized representative. Parties are required to follow this Agreement and cannot vary from its terms.

R. Modification: This Agreement shall not be modified except by a writing that is executed by all parties hereto.

S. Severability: In the event any clause, sentence, term or provision of this Agreement shall be held by any court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

Signatures: We have read and fully understand the program materials and agree to adhere to the IFX Rules for Players and the IFX Program Agreement and Consent Agreements.

Player, Full Name

IFX Representative, Title

Signature Date

Signature Date

Mother/Guardian, Full Name

Father/Guardian, Full Name

Signature Date

Signature Date