



SUMMER CAMPS 2019

Registration Form

Date: __/__/2019

A. Personal Information

Child's Last Name :..... Child's First Name:

Birthdate: __/__/____ School:

Home address (street, number, area, postal code):.....

Father's name:

Mother's name:

Mobile phone 1: _____ Mobile phone 2: _____ Land line: _____

e-mail 1: e-mail 2:

Does the child participate in V.N.C. Athletic Academies? NO YES, Sport:

Does the child have siblings at the Camp; NO YES, Names:

B. Medical History

Does the child have allergies? NO YES - Define allergies:

Medication? NO YES, Define medication:

Medical history, special situations: NO YES, Define:

In case of emergency, I agree that the Vouliagmeni Nautical Club staff will provide first aid care to my child.

Γ. Summer Camp options

Period:

Morning: Afternoon:

1st: 17 June - 5 July

2nd: 8 July- 26 July

3rd: 29 July- 9 August

4th: 19 August - 6 September

Comments:

Food:

YES: NO:

Lunch (extra cost 50€ per week)

Dinner (extra cost 50€ per week)

Comments:

Transportation:

YES: NO:

Transport from hotspots (extra cost (TBC) per week)

Notes (group, supervisor, etc.):

Responsible to pick up child:

G.D.P.R. Consent

We declare that we provide our consent to Vouliagmeni Nautical Club to collect and process the personal data of our child, to photograph and record our child individually or collectively during his / her participation in the Camp, and make use of the material in promotional tools operated by V.N.C. to promote the Camps. We were informed that the detailed brochure is available at www.nov.gr for our full information.

Parents' full name & signature

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