



# REGISTRATION FORM

## INTERNATIONAL BEACH VOLLEY CAMP 2017

### Participant/ camper information

**Full name:** .....

Boy  Girl  Birth date: ...../...../.....

Home address : .....

Street Number:.....

Postal code: .....

City: ..... Landline phone number: .....

E-mail:.....

### Family Information

**Father's full name:** .....

Profession: .....

Work phone number: .....

Mobile: .....

E-mail: .....

**Mother's full name:** .....

Profession: .....

Work phone number: .....

Mobile: .....

E-mail: .....

Emergency phone number: .....

If an invoice is issued, company or organization name:

Name: .....

VAT number: ..... Tax office: .....

Address: .....

Business description:.....

**Medical information**

Camper's full name: .....

Blood type: .....

Weight (approximately): .....kg Vaccines (as normal)  YES  NO

If NO which and why.....

Tetanus Vaccine  YES  NO

**Has any of the following ever been diagnosed, if so, what kind of reason:**

1. Spastic bronchitis

YES  NO.....

2. Asthma

YES  NO.....

3. Spasms

YES  NO.....

4. Epilepsy syndrome

YES  NO.....

5. Allergies

YES  NO If YES, what kind and to what.....

.....

6. Allergy in medicines

YES  NO If YES, what kind and to what.....

.....

7. Lipothymic episodes

YES  NO If YES, what kind and to what.....

.....

**In minor injuries, the bleeding stops shortly (15 ')**  YES  NO

If NO, is there a specific cause and which.....  
.....

**Has the child gone through some of the following childhood illnesses**

MEASLES  RUBELLA  PAROTITIS  SCARLET FEVER

CHICKENPOX  PERTUSSIS

**Other major illness;**  YES  NO If YES, which ; .....

**Nocturnal enuresis;**  YES  NO

Sleepwalking  Never  Sometimes  Frequently

**Currently on a medical treatment**  YES  NO

If YES what cause:.....

What medicine/s:.....

Dosage:..... Treatment duration: .....

Doctor who recommended the treatment: .....

**Are there any other important information related to the health of your child, that SPORTCAMP needs to know?**

YES  NO **If YES, what;**

.....  
.....  
.....

**Signature details on the form**

Full name:.....

Father's name:.....

Address:.....

Phone number: .....

ASSOCIATION / RELATION WITH CHILD:.....

## USEFUL INFORMATION, REGISTRATION PROCEDURE, FINANCIAL CONDITIONS

**Accommodation & Diet:** Accommodation and nutrition of the participants will take place exclusively at SPORTCAMP facilities

**Attendance - Departure:** Attendance and departure of the participants are taking place under the care of their parents, on the specified dates. Arrival from 15.30 to 17.30 and departure ,after the closing ceremony, 13.00 - 17.30 .

**Medical coverage:** A doctor will be present throughout the event.

**Loss of items:** Campers do not need to have valuables with them (jewelry, watches, electronic devices, electronic games). SPORTCAMP is not responsible for the loss of participants' items.

**Health certificate:** Parents / guardians should carefully check the well-being of their children before entering the camp, fill in the medical form properly and inform our doctor about any matters. The Camp, in eventual illness, provides medical care and first aid.

### **Cost and Participation Statements::**

- **370,00 €** Stay, with meals
- **150,00 €** Participation in the training program only

  

**Deposit by post or through bank account, with the beneficiary SPORT KAMP A.E., (Alpha Bank 550-00-2320-001344, National Bank 011-402-47007590, Eurobank 0026.0195.99.0200080054) 50% of the total amount in the name of the child\*, send the deposit slip along with the completed registration form at the secretariat of SPORTCAMP by fax, e-mail or post office.**

\* If you wish for an invoice to be issued in the name of the organization you are working in, the name of the organization and the name of the camper should be indicated on the depository.

After you have sent the filled registration form and the deposit slip, please contact the SPORTCAMP secretariat to confirm the registration.

**The balance is settled on the day of arrival and a simple receipt is issued. The quittance is issued on the day of departure.**

**Attention:** Reservations are only booked after admitting the deposit. No refunds are made in cases that the participation is canceled or the camper's early departure from the program.

## Terms of participation

The submission of the registration form and the verbal communication with SPORTCAMP are the only ways to register in the camp.

**In order to register, the participant must be above 6 years old.**

By registering in the camp the guardians of the participants accept the company SPORTCAMP SA's desire to keep a record of participants (**maintaining a database in accordance with the provisions of Law. 2472/1997 "On protection of individuals from processing of personal data "**), to communicate with conventional and / or electronic media promotions, newsletters, and / or updates on existing or new products related to participants with no financial or other burdens on members. Use of participants' data for any other purpose is prohibited. The responsible for the collection / compliance of the data of the participants is SPORTCAMP

In case that in the future, participants want the confirmation, modification or deletion of their data to our related file in accordance with Article 13 of Law . 2472/97 may inform us in writing , by sending a letter to the SPORTKAMP SA . , Katounistra region , Loutraki , tel . 27440 23999

The organizers reserve the right to change the dates, the venue and the prizes of the competition.

### *Acceptance of Terms of Participation*

By submitting the registration form and accepting the participation of my child at camp I certify that I fully and unreservedly accept these terms. I waive all claims against the company SPORTKAMP SA for any loss or damage, or go through any challenge or to third parties for any reason within the framework of that organization, and consent to the free use of my name / child's image by Sportcamp. I also declare that I have read all the eligibility criteria as listed in participation instructions and accept them fully and unconditionally.

**I have read and accept the above conditions.**

**DATE OF REGISTRATION** ...../...../..... **SIGNATURE:**