



Registration Form 2022 IMAGINE PEACE JUNIORS CAMP

Participant's Details

Name & Surname of participant:

Boy Girl Date of birth/...../.....

Address : Street NO..... Postal code.....

City:..... Home.tel..... E-mail.....

School.....

Skills: Sport..... Musical instrument..... Languages.....

Level of English:

Family information

Name & Surname of Father:.....

Profession Work. tel.....

Mobile No..... E-mail.....

Name & Surname of Mother..... Profession

Work. tel Mobile No

e-mail..... Other emergency Phone No



If you require an Invoice, please state: name of company / business / organisation:.....
 Fiscal name:.....VAT NO.....TAX Authority:.....
 Address:.....Venture :.....

**If you are a school or organization wishing to make a group reservation and undertake payment of the package directly to the organizer (b2b), please fill in the following sections B1 & B2*

B1. School / organization information

Name of School / organization.....
 Postal Code.....
 VAT NO.....
 Phone.....
 Email.....

B2. Teacher's Information

Name & Surname.....
 Gender: (male / female).....
 Phone.....
 Mobile.....
 Email.....



MEDICAL INFORMATION

Name & Surname of participant..... Blood Type..... Body weight....

Vaccinations (have all been administered?) YES NO

If not, which and why..... Tetanus vaccine YES NO

1. Has the child recently been hospitalized for covid-19? YES NO IF YES (Please mention Date and name of institution)

2. Has the child taken a PCR test recently for CoVID-19?

A. NO

B. YES IT WAS NEGATIVE (Date) _____

Γ. YES IT WAS POSITIVE WITHOUT ANY OTHER SYMPTOMS AND THE CHILD STAYED AT HOME (Date) _____

3. Has the child taken an antigen test for CoVID-19;

4. A. NO

B. YES IT WAS NEGATIVE (DATE) _____

Γ. YES IT WAS POSITIVE WITHOUT ANY OTHER SYMPTOMS AND THE CHILD STAYED AT HOME (DATE) _____

5. Has a relative or close friend recently been hospitalized for covid-19? YES NO IF YES (Please mention name of hospital & date)

6. Has the child traveled abroad in the past 20 days? YES NO If yes, (Please name country)

7. Has the child suffered from a Fever during the past 6 weeks? YES NO IF YES (Please specify)



8. Has the child experienced a sense of fatigue, cough or difficulty in breathing during the past 6 weeks? YES NO IF YES (please specify)

Has the child experienced any of the following conditions in the past? If yes, please state reason:

- α. SPASTIC BRONCHITIS YES NO.....
- β. ASTHMA YES NO.....
- γ. SPASMS YES NO.....
- δ. EPILEPTIC SEIZURES YES NO.....
- ε. ALLERGIES YES NO IF YES, TO WHAT.....
- στ. ALLERGIES TO MEDICINE YES NO IF YES, TO WHICH
- η. FAINTING YES NO IF YES, DUE TO WHAT.....

In minor injuries, bleeding stops soon (15') YES NO

If not, please state reason.....



ANCIENT SPORTS & IDEALS



Has the child experienced any of the following children's diseases?

Measles Rubella Mumps Scarlet Fever Chicken pox Kokitis

Has the child experienced other important diseases YES NO if yes, which?

nocturnal enuresis YES NO **Sleepwalking** never sometimes often

Is the child currently taking medication? YES NO

If Yes, please state reason:..... What medication?:.....

Dosage:..... Duration..... Doctor who prescribed medication.....

Is there any other issue relevant to the child's health that the organizers need to know about?

YES NO **If yes, please specify**

.....
.....

Signatory's details:

NAME/SURNAME:.....

ADDRESS:.....

TEL.....

RELATION TO THE CHILD.....



USEFUL INFORMATION, REGISTRATION PROCESS, PAYMENT POLICY

Accommodation & board: Accommodation and board of the participants will take place at the premises of the International Olympic Academy, situated in Ancient Olympia.

Arrival - Departure: The arrival and departure of the participants will take place to & from the following designated time and venue:

Participants should be at the Panathinaikon Stadium on Sunday 31/07/22 at 8 am (time is subject to change). A bus will depart for Ancient Olympia from this point, after a guided tour that will take place.

Arrival to Athens by Bus on 5/8/22 (exact time to be announced). Participants to be picked up by parents / guardians from the Panathinaikon stadium.

Medical Services: A medical practitioner will be present throughout the duration of the camp

Lost items: Participants are not required to have items of significant value with them (jewelry, electronic devices, expensive watches). The organisers will not be held liable for loss of valuable items.

Health Certificate: The parents / guardians of the participants are responsible for the good health of the participants and should make sure they fill in the necessary medical information accurately. The organisers should be well informed of any medical conditions. The organisers will provide first aid and medical services in the event it becomes necessary.



Package rate and registration process:

- IMAGINE PEACE JUNIORS CAMP: € 760,00 incl. VAT

Please Deposit 50% of the total package cost to one of the following bank accounts, stating the name of the participant:

Account Holder: SPORTCAMP SA.

Alpha Bank IBAN Code: GR82 0140 5500 5500 0232 0001 344

National bank of Greece IBAN Code: GR98 0110 4020 0000 4024 7007 590

Eurobank IBAN Code: GR6602601950000990200080054

Please send a copy of the transaction receipt together with the registration form, to the email: iotccamp@sportcamp.gr

*If you require an Invoice to be issued, please state the Fiscal name of the business or organization, together with the participant's name.

After sending the receipt and registration form via email, you may call the following number to confirm registration: +30 27440 23999

The balance should be paid one week before the camp begins. A receipt for the prepayment will be issued at the time. The final receipt / invoice will be issued upon departure.

Attention: Registration is confirmed only upon payment of deposit. In the event of cancellation, non show or early departure from the camp, no refunds will be given.

Terms & conditions

The registration form and communication with the organisers via phone, are the only valid means of participation – registration.

Registration and participation is only permitted to children who are aged 10 or older.

In accordance with EU legislation regarding GDPR, please provide us with the permission to send you promotional and informative material by signifying so in the tick box that follows: I accept



With your acceptance, the company SPORTCAMP SA, maintains the data of the participants (keeping them in a database according to the provisions of Law 2472/1997 "on the protection of the individual from the processing of personal data"), in order to be processed by conventional and / or electronic media, brochures, and / or updates to be sent on existing or new products, without ANY financial or other burden on members. Use of participants' data for any other purpose is prohibited. In case the participants wish the confirmation, modification or deletion of their data in our relevant file, according to article 13 of Law 2472/97, they can inform us in writing, with a relevant letter to SPORTCAMP SA., Katounistra area, Loutraki, tel. 27440 23999

Attention: *Safety always comes first. In the light of the coronavirus epidemic (COVID-19), we advise you to make sure you have all necessary information available on the websites of the World Health Organization, the Ministry of Health and the National Public Organization of Health, as well as the regulations laid by the organizers before you plan to participate in the above training program.*

Acceptance of terms

By submitting my details and accepting my child's participation in the camp, I declare that I fully and without reserve accept the above terms. I waive any claim against the Organisers for any damage or injury that I may suffer or cause to third parties for any reason within the framework of this event, and I consent to the free use of my child's name / image from the organisers. I also declare that I have read all the terms of participation as well as any relevant information and I accept them fully and unconditionally.

I have read and accept the above terms.

DATE OF APPLICATION / / **SIGNATURE:**