



# Registration Form 2023

## IMAGINE PEACE JUNIORS CAMP

### Participant's Details

Name & Surname: .....

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

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

- a. SPASTIC BRONCHITIS  YES  NO.....
- b. ASTHMA  YES  NO.....
- c. SPASMS  YES  NO.....
- d. EPILEPTIC SEIZURES  YES  NO.....
- e. ALLERGIES  YES  NO .....
- f. ALLERGIES TO MEDICINE  YES  NO .....
- g. FAINTING  YES  NO .....

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

If not, please state reason.....



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, FINANCIAL TERMS

### **Accommodation:**

Accommodation and board from 21/7/23 – 23/7/23 will be offered in Athens at our partner hotel.

From 23/7/23 – 29/7/23 the participants will be accommodated exclusively at the facilities of the International Olympic Academy, in Ancient Olympia.

### Arrival - Departure:

Attendance and departure of participants will be as follows:

On day of arrival to Athens ie. 21/7/23, the organizer will arrange a transfer from the airport to the hotel of accommodation in Athens. Airport pickup will be according to your flight schedule. We therefore require your flight schedule on time.

On 23/7/23, Participants will depart by bus from Panthinaikon stadium to Ancient Olympia, after a guided tour of the monument.

The Return from Ancient Olympia will take place on 29/7/22 by bus (the exact time will be announced in due course). Airport transfer for your departure will be arranged by the organizer, according to your flight schedule.

**Medical coverage:** Throughout the event, a doctor will be present.

**Loss of belongings:** Participants do not need to take valuables (jewelry, watches, electronic games) with them. The organizers are not responsible for the loss of participants' belongings.



**Health certificate:** Before the camp, parents/guardians should thoroughly check the good health of their children, fill out the medical form correctly and inform our doctor about any issue. In the event of illness, the Camp provides medical care and first aid.

**Financial Terms - Confirmation of reservation:**

Package cost:

IMAGINE PEACE JUNIORS CAMP 2023: € 1450.00 incl. VAT

Deposit policy:

Upon registration of the participant and to confirm the reservation, a deposit equal to 30% of the total amount is deposited via bank transfer. The deposit is deposited into the bank account of SPORTCAMP SA below, with the indication: "imagine peace" and the name of the participant.

Bank Name: OPTIMA Bank, Corinth Branch,

Account number: 19019099027197

IBAN: GR3403400190019019099027197

Swift No: IBOGGRAA

Full prepayment:

The remaining amount is paid via bank transfer up to 7 days before the child's arrival in the program and a receipt is issued. The final invoice is issued on the day of the participant's departure.

\*If you wish to issue an invoice in the name of the organization or company you work for, the name of the organization or company and the name of the participant must be written on the registration form.

After sending the completed registration form and proof of deposit to the following email: [iotccamp@sportcamp.gr](mailto:iotccamp@sportcamp.gr) , you will receive an email confirming the registration.



## Cancellation Policy

1. In case of cancellation of participant registration up to 21 days before the start of the program, the amount of the deposit is returned. Otherwise, the amount of the deposit is non-refundable.
2. In case of early departure due to health reasons, a refund of 50% of the total cost will be provided.

## Terms & Conditions

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

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.

Name / surname

date

relationship to the participant