



Registration Form

Date: ___/___/2022

A. Personal Information

Child's Last Name: _____ Child's First Name: _____

Birthdate : ___/___/___ Scool: _____

Home address (street, number, area, postal code) _____

Father's name: _____ Mobile Phone : _____

Mother's name: _____ Mobile Phone: _____

Father's name: _____ E-mail : _____

Mother's name: _____ E-mail : _____

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

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

B. Medical History

Does the child have allergies; NO YES Define allergies _____

Medication? NO YES Define medication _____

Medical history, special situation? NO YES Define _____

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

B. Επιλογές προγράμματος Summer Camp

Period	Morning	Afternoon	Food	YES	NO
<input type="checkbox"/> 1 st 20 June – 8 July	<input type="checkbox"/>	<input type="checkbox"/>	Lunch (extra cost 50€ per week)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 nd 11 July – 29 July	<input type="checkbox"/>	<input type="checkbox"/>	Dinner (extra cost 50€ per week)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3 rd 1 August – 19 August	<input type="checkbox"/>	<input type="checkbox"/>	Comments _____		
<input type="checkbox"/> 4 th 22 August – 9 September	<input type="checkbox"/>	<input type="checkbox"/>			
Comments _____					

Water ski and Wakeboard Lessons	YES	NO
*with extra cost		
Water Ski 5 Lessons <input type="checkbox"/> 10 Lessons <input type="checkbox"/>		
Wakeboard 5 Lessons <input type="checkbox"/> 10 Lessons <input type="checkbox"/>		
Comments _____		

Transportation	YES	NO
*with extra cost	<input type="checkbox"/>	<input type="checkbox"/>
Spot:		
Kifisia Evripidis <input type="checkbox"/> Kifisia Troxonomos <input type="checkbox"/> Ring (Attiki odos) <input type="checkbox"/>		
Faros Psychikou <input type="checkbox"/> Stili Olimpiou Dios <input type="checkbox"/> Floisvos <input type="checkbox"/>		
Kalamaki <input type="checkbox"/> Glyfada <input type="checkbox"/> Voula <input type="checkbox"/>		
Comments _____		

Notes (group , supervision 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 promote the Camps. We were informed that the detailed brochure is available at www.nov.gr for our full information.

Parents full name & Signature
