



SUMMER CAMP 2023

Registration Form

Date: __/__/2023

A. Personal Information

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

Birthdate: __/__/____ School: _____

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

Father's name: _____ Mobile Phone: _____ E-mail: _____

Mother's name: _____ Mobile phone: _____ 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 Names: _____

B. Medical History

Allergies: NO YES Define allergies: _____

Medication: NO YES Define medication: _____

Medical history, special situation: NO YES Define: _____

In case of emergency, I agree that V.N.C.'s staff will provide first aid care to my child: NO YES

C. Preferences

Period	Morning	Afternoon	Food	YES	NO
<input type="checkbox"/> 1 st 19 June – 7 July	<input type="checkbox"/>	<input type="checkbox"/>	Lunch (extra cost 70€ per week)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 nd 10 July – 28 July	<input type="checkbox"/>	<input type="checkbox"/>	Dinner (extra cost 70€ per week)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3 rd 31 July – 18 August	<input type="checkbox"/>	<input type="checkbox"/>	<i>Comments:</i>		
<input type="checkbox"/> 4 th 21 August – 8 September	<input type="checkbox"/>	<input type="checkbox"/>			
<i>Comments:</i>			Transportation *With extra cost Spot:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Water ski and Wakeboard Lessons *With extra cost			Kifisia-Evripidis <input type="checkbox"/> Kifisia-Troxonomos <input type="checkbox"/> Ring (Attiki Odos) <input type="checkbox"/>		
Water Ski	5 Lessons <input type="checkbox"/>	10 Lessons <input type="checkbox"/>	Faros Psychikou <input type="checkbox"/> Stiles Olimpiou Dios <input type="checkbox"/> Flisvos <input type="checkbox"/>		
Wakeboard	5 Lessons <input type="checkbox"/>	10 Lessons <input type="checkbox"/>	Kalamaki <input type="checkbox"/> Glyfada <input type="checkbox"/> Voula <input type="checkbox"/>		
<i>Comments:</i>			<i>Comments:</i>		

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 with the detailed brochure regarding G.D.P.R. that is available at www.nov.gr for our full information.

Parents' full name & Signature
