

Registration Form

Date:___/ 2025

A. Personal Information

Responsible to pick up child:

Child's Last Name:		Chi	ld's First Name:			
Birthdate:/S	chool:					
Home address (street, number, are	ea, postal co	ode)				
Father's name:Mobile Phone:			E-mail:			
Mother's name:						
Does the child participate in V.N.C	Athletic Ac	ademies? NO	YES Sport:			
Does the child have siblings at the	Camp: NO	YES	Names:			
You are a member of Vouliagmeni	Nautical Clu	<u>ıb:</u> NO 🗌 Ү	ES Member Numb	oer:	•	
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 camp	Afternoon camp	Food		YES	NO
1st 16 June – 4 July Strict condition 3 weeks patricipation			Lunch (extra cost 80€ per week)			
2 nd 7 July – 25 July			Dinner (extra cost 80€ per week)			
3 rd 28 July - 15 August			Comments - allergies:			
4 th 18 August - 5 September						
Comments:						
			Transportation *With extra cost Spot:	n	YES	NO
Water ski and Wakeboard Lessons *With extra cost upon availability			Kifisia-Evripidis	Kifisia-Troxonomos	Ring (Attiki Odos)	
Water Ski 5 Lessons	10 Lessons		Faros Psychikou	Stiles Olimpiou Dios Kalamaki	Siggrou Glyfada	
Wakeboard 5 Lessons	ons 10 Lessons		Voula			
Comments:	Comments:					
Notes (group, supervisor, etc):						

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