

30. July – 08. August 2021– Hannover (Germany)

YOUTH CAMP 2021 FORM FOR PARTICIPANT

Name and Surname of PARTICIPANT: _____

Address: _____ Date of birth: _____

City: _____ ZIP Code: _____

Mobile Number: _____ Email: _____

T-Shirt Size: Boy Girl XS S M L XL XXL

Name and Surname of PARENT (Father or Mother): _____

Mobile Number: _____ Email: _____

EVENTUAL HEALTH INFORMATION

Diseases: _____

Allergy A: _____ Treated with (medication): _____

Allergy B: _____ Treated with (medication): _____

Drug needed for use during the Camp: _____

Food: Vegetarian Vegan Gluten free Other _____

Note: _____

In the event of illness or allergies, it is necessary to attach the foreign health insurance relating to the planned therapy.

The cost for the payment is **€ 320 EUR**

It is including food, accommodation, transport, insurance and various materials.
To send to this mail with attachment the receipt of first and then the second
payment with respective deadlines and the registration form:

info@dg-sportjugend.de

Registration deadline: 1 April 2021

In the event of illness or allergies, it is necessary **to attach the foreign health insurance** relating to

The use of personal and health data is authorized in order to protect the health of the participants
in the holiday.

PRIVATE DATA TREATMENT AUTHORIZATION

- I authorize the organization to the processing of personal data in order to manage all the practices for the proper conduct of the holiday. (Mandatory authorization)
- I authorize the organization to disseminate images and videos that portray my son or daughter on the website and on social networks managed directly and exclusively by the organization.
- I authorize the organization to distribute data to third-party companies connected to it for the purpose of sending advertising offers and promotions.

Date, Place

Signature of the parent