**14-20 July 2019 – Nea Fokia, Chalkidiki (Greece)**

**YOUTH CAMP FORM FOR PARTICIPANT**

Name and Surname of PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N°: \_\_\_\_\_

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 of the deposit is **€ 50 EUR**

**DEADLINE: 2 April 2019**

The cost for the final payment is **€ 200 EUR**

**DEADLINE: 3 June 2019**

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: **dibfyouthcamp2019@gmail.com**

**Bank Transfer**

**Name:** Sport Cultural Association of the Deaf of Macedonia

**IBAN:** GR2201404050405002101059303

**BIC/SWIFT:** CRBAGRAA

**Address:** Tsimiski 43 – Thessaloniki 54623

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

**The data will be processed in accordance with the provisions of DGPR 2016/679 / EU and of Legislative Decree no. 196/2003.**

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 and Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_