

## CAMPER REGISTRATION FORM – DELPHICAMP

*Important: This camper registration form simply shows your interest. Your permanent registration at DELPHICAMP happens when you register at you Social Security Office, through OAED or by phone with our office and the transfer of a deposit if you come privately. As soon as we receive this form, we will contact you to explain in detail how you can finalize your registration.*



*Please send us a signed form and a medical record for each child by email at info@delphicamp.gr or via viber at 6907646062*

FATHER INFO	MOTHER INFO
Father's last name:	Mother's last name:
Father's first name:	Mother's first name:
Work phone:	Work phone:
Cell phone:	Cell phone:
Email:	Email:

Parent that has the SSO: FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/>	SSO:
Home address:	
Name and phone number in case of an emergency:	

CAMPER 1 INFO	Session:	
Last name:	First name:	
Date of birth:	Grade:	School:
Payment of camp through SSO, OAED or Privately?		
Is this the 1 <sup>st</sup> time at DELPHICAMP; YES <input type="checkbox"/> NO <input type="checkbox"/>		
With which friends do you wish to share a cabin with? (up to 2 persons, no more than 12 months age difference):		

CAMPER 2 INFO	Session:	
Last name:	First name:	
Date of birth:	Grade:	School:
Payment of camp through SSO, OAED or Privately?		
Is this the 1 <sup>st</sup> time at DELPHICAMP; YES <input type="checkbox"/> NO <input type="checkbox"/>		
With which friends do you wish to share a cabin with? (up to 2 persons, no more than 12 months age difference):		

<b>CAMPER 3 INFO</b>		<b>Session:</b>	
Last name:		First name:	
Date of birth:		Grade:	School:
Payment of camp through SSO, OAED or Privately?			
Is this the 1 <sup>st</sup> time at DELPHICAMP; YES <input type="checkbox"/> NO <input type="checkbox"/>			
With which friends do you wish to share a cabin with? (up to 2 persons, no more than 12 months age difference):			

<b>CAMPER 4 INFO</b>		<b>Session:</b>	
Last name:		First name:	
Date of birth:		Grade:	School:
Payment of camp through SSO, OAED or Privately?			
Is this the 1 <sup>st</sup> time at DELPHICAMP; YES <input type="checkbox"/> NO <input type="checkbox"/>			
With which friends do you wish to share a cabin with? (up to 2 persons, no more than 12 months age difference):			

### DECLARATION OF PARENT OR GUARDIAN

I, the undersigned guardian of the above camper(s), declare responsibly that:

- I allow my child (ren) to participate in outdoor, sports and swimming activities organized at DELPHICAMP.
- The general health status of the camper (s) allows him/her/them to swim in the swimming pool of the camp and the sea, as well as to participate in outdoor sports activities.
- I have read and accepted the terms of operation and the regulation of DELPHICAMP.
- The above data is true.
- I have been informed about the ban on mobile and other electronic devices at the camp site and that the campsite is not responsible for the ownership of these devices and their loss or any loss of personal belongings.
- The camp can showcase counselors or campers on the website or its brochure on photographic material or video about the camp, unless the counselors, campers or parents have denied it in writing.
- I want you to send me brochures, newsletters, emails or smss.
- Visitation days are strictly the ones listed in the program.
- I am aware of the SSO and OAED's conditions that the child (ren) must stay inside the camp during the entire camp session.
- The collection of the above data is for the sole purpose of organizing and operating the camp. Only the management, the accounting and the accounting department of the company have access to them. They are not disclosed anywhere, they are absolutely confidential and will be kept in the company's fully protected and controlled facilities. The duration of storage is 2 years from the date of completion of the application and if the child has been paid for by the insurance institution. You have the option of updating the data at any time, and once your child's residence has been completed and paid for the campsite to request their deletion at your request at the office of the business. You have the right to request a copy of the above data with your application at the office of the company. You have the right to file a complaint with the Personal Data Protection Authority (dpa.gr) If you want to see our company's privacy policy, please visit our website at [www.delphicamp.gr](http://www.delphicamp.gr).

Full name of parent or guardian:	
Date:	Signature:

Thank you!