

**APPLICATION & CONDITIONS OF
PARTICIPATION FOR THE
"STARGUARDS" LIT PROGRAM
(12/8 – 26/8)**



Please sign and email to the camp office by 30/7 at: info@delphicamp.gr.

PERSONAL INFORMATION				
CAMPER LAST NAME			CAMPER FIRST NAME	
AGE	DATE OF BIRTH		GENDER	
			BOY <input type="checkbox"/> GIRL <input type="checkbox"/>	
FATHER'S FIRST AND LAST NAME			MOTHER'S FIRST AND LAST NAME	
ADDRESS:	STREET & NUMBER	POSTALCODE	CITY	HOME PHONE
FATHER'S CELL PHONE NUMBER			FATHER'S EMAIL	
MOTHER'S CELL PHONE NUMBER			MOTHER'S EMAIL	
CAMPER'S CELL PHONE NUMBER			CAMPER'S EMAIL	

I wish to receive newsletters, emails and sms

I the undersigned, hereby unconditionally accept the following rules and regulations:

The participants of the Starguards LIT Program are required to:

- Follow the daily schedule as it is designated by the Director, as well as the camp's rules.
- Respect and take care of the facilities and the camp property.
- Listen to their counselors, head counselors and Director.
- Always be in order and not create any problems to the proper function of the camp.

Delphicamp reserves the right to remove anyone who might hurt the smooth running of the schedule, and the health and safety of the other campers and staff.

- Alcohol consumption is strictly prohibited.
- Sharp items and valuable items are not allowed.

The camp does not bear any responsibility for the loss of valuable items.

MEDICAL FORM FOR THE DOCTOR OF DELPHICAMP

Camper full name:	
Weight:	

1	<p>How many of the following illnesses has the camper been through?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Varicella</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Rubela</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Mumps</td> <td style="border: none;"><input type="checkbox"/> Croup</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Scarlet fever</td> <td style="border: none;"><input type="checkbox"/> Measles</td> </tr> </table> <p>Other: _____</p>	<input type="checkbox"/> Varicella	<input type="checkbox"/> Rubela	<input type="checkbox"/> Mumps	<input type="checkbox"/> Croup	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Measles										
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2	<p>Is he or she done all the required vaccinations? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If not, please note which have not been done and why: </p>																
3	<p>Please mark if the campers has been vaccinated for tetanus and the date of the last vaccination: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE</p>																
4	<p>Has the camper ever had:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">▪ Trouble breathing</td> <td style="width: 25%; border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td style="width: 25%; border: none;">▪ Sleep walking</td> <td style="width: 25%; border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">▪ Allergies</td> <td style="border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td style="border: none;">▪ Epileptic episode</td> <td style="border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">If YES, please specify</td> <td style="border: none;"></td> <td style="border: none;">▪ Nocturnal enuresis (bed wetting)</td> <td style="border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">▪ Nose bleeding</td> <td style="border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> <td style="border: none;">▪ Enzyme deficiency</td> <td style="border: none;">YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table>	▪ Trouble breathing	YES <input type="checkbox"/> NO <input type="checkbox"/>	▪ Sleep walking	YES <input type="checkbox"/> NO <input type="checkbox"/>	▪ Allergies	YES <input type="checkbox"/> NO <input type="checkbox"/>	▪ Epileptic episode	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, please specify		▪ Nocturnal enuresis (bed wetting)	YES <input type="checkbox"/> NO <input type="checkbox"/>	▪ Nose bleeding	YES <input type="checkbox"/> NO <input type="checkbox"/>	▪ Enzyme deficiency	YES <input type="checkbox"/> NO <input type="checkbox"/>
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5	<p>Is the camper under medication? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If yes, what is the cause?</i></p> <p>What is the medication:</p> <p>Dosage:</p> <p>Duration of medication:</p> <p style="text-align: center;"><i>If the camper suffers from an illness or must take medication during the camp session, you must declare it in advance.</i></p>																
6	<p>Does the camper know how to swim? YES <input type="checkbox"/> NO <input type="checkbox"/> He/she only knows how to float <input type="checkbox"/></p>																
7	<p>Please specify if there is anything else about the camper's health that the camp should be aware of:</p>																
8	<p>Name and phone number of family doctor / pediatrician:</p>																

In case of an illness or accident the camp provides medical coverage and first aid. Cost of medicines and clinical care lies with the camper.

DECLARATION OF PARENT OR GUARDIAN

I, the undersigned guardian of the above camper, 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.

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Camper full name

.....
Parent full name

.....
Camper signature

.....
Parent signature

Date/...../20.....