

KANGOUROU STEAME SUMMER CAMP & CONFERENCE 2020

REGISTRATION FORM

SECTION 1: PARTICIPANT STUDENT'S DETAILS ΜΕΡΟΣ 1: ΣΤΟΙΧΕΙΑ ΣΥΜΜΕΤΕΧΟΝΤΑ ΜΑΘΗΤΗ/ΤΡΙΑΣ							
NAME & SURNAME (STUDENT 1) ΟΝΟΜΑΤΕΠΩΝΥΜΟ (ΜΑΘΗΤΗΣ 1)							
GENDER (CIRCLE) ΦΥΛΟ (ΚΥΚΛΩΣΤΕ)	MALE ΑΓΟΡΙ	FEMALE ΚΟΡΙΤΣΙ					
DATE OF BIRTH ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ							
ID or Passport number Αριθμός Ταυτότητας ή Διαβατηρίου							
STUDENT'S MOBILE PHONE ΑΡΙΘΜΟΣ ΤΗΛΕΦΩΝΟΥ ΜΑΘΗΤΗ							
SCHOOL NAME ΟΝΟΜΑ ΣΧΟΛΕΙΟΥ							
CITY ΕΠΙΤΡΟΧΙΑ							
GRADE AT SCHOOL (CIRCLE) ΤΑΞΗ ΣΤΟ ΣΧΟΛΕΙΟ (ΚΥΚΛΩΣΤΕ) 3 - 6 = Γ - ΣΤ ΔΗΜΟΤΙΚΟΥ 7 - 9 = Α - Γ ΓΥΜΝΑΣΙΟΥ	3	4	5	6	7	8	9
PARENT'S FULL NAME ΟΝΟΜΑΤΕΠΩΝΥΜΟ ΚΗΔΕΜΟΝΑ							
EMAIL ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ							
CONTACT NUMBER ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ							

SECTION 2: SELECTION ΜΕΡΟΣ 2: ΕΠΙΛΟΓΗ	✓
CAMP 1: 10 - 15 July 2020, Paphos / 10 - 15 Ιουλίου 2020, Πάφος	
CAMP 3: 27 July - 1 August 2020, Agros / 27 Ιουλίου - 1 Αυγούστου 2020, Αγρός	
CAMP 4: 24 - 29 August 2020, Agros / 24 - 29 Αυγούστου 2020, Αγρός	

SECTION 3: OPTIONS OF PARTICIPATION & ACCOMMODATION (5 nights)				
ΜΕΡΟΣ 3: ΕΠΙΛΟΓΗ ΣΥΜΜΕΤΟΧΗΣ ΚΑΙ ΔΙΑΜΟΝΗΣ (5 νύχτες)				
	ROOM / ΔΩΜΑΤΙΟ	ΠΑΡΗΟΣ / ΠΑΡΟΣ	ΑΓΡΟΣ / ΑΓΡΟΣ	✓
1	<u>DOUBLE</u> STUDENT 1 STUDENT 2 (FRIENDS)	€600 - FB €600 - FB	€480 - FB €480 - FB	
2	<u>DOUBLE</u> SIBLING 1 SIBLING 2	€550 - FB €550 - FB	€440 - FB €440 - FB	
3	<u>TRIPLE</u> STUDENT 1 STUDENT 2 STUDENT 3 (FRIENDS)	€525 - FB €525 - FB €525 - FB	€400 - FB €400 - FB €400 - FB	
4	<u>QUADRUPLE</u> STUDENT 1 STUDENT 2 STUDENT 3 STUDENT 4 (FRIENDS)	€480 - FB €480 - FB €480 - FB €480 - FB	NO OPTION	
5	<u>TRIPLE - FAMILY</u> PARENTS 2 STUDENT 1	€1000 - FB plus €500 - FB	€600 - FB €400 - FB	
6	<u>QUADRUPLE - FAMILY</u> PARENTS 2 STUDENT 1 CHILD 1 - (NOT PARTICIPANT)	€1000 - FB €500 - FB €300 - FB	€600 - FB €400 - FB €250 - FB	
7	<u>DOUBLE - FAMILY</u> PARENT 1 STUDENT 1	€650 - FB plus €500 - FB	€350 - FB €440 - FB	
8	<u>TRIPLE - FAMILY</u> PARENT 1 STUDENT 1 CHILD 1- (NOT PARTICIPANT)	€600 - FB plus €500 - FB €300 - FB	€300 - FB €400 - FB €250 - FB	
9	<u>DOUBLE - PARENTS ONLY</u> PARENTS 2	€1100 - FB plus	€700 - FB plus	

If you chose OPTION 1 or 2 or 3 or 4 please complete the following:

Αν επιλέξατε την ΕΠΙΛΟΓΗ 1 ή 2 ή 3 ή 4 συμπληρώστε τα ακόλουθα:

SECTION 4: ACCOMMODATION ΜΕΡΟΣ 4: ΔΙΑΜΟΝΗ	
OPTION 1 / ΕΠΙΛΟΓΗ 1	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
STUDENT 2 NAME & SURNAME ΜΑΘΗΤΗΣ 2 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
STUDENT 2 CONTACT NUMBER ΜΑΘΗΤΗΣ 2 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
STUDENT 2 should send his own registration form completed. Ο ΜΑΘΗΤΗΣ 2 πρέπει να στείλει τη δική του αίτηση εγγραφής συμπληρωμένη.	
OPTION 2 / ΕΠΙΛΟΓΗ 2	
SIBLING 1 NAME & SURNAME ΑΔΕΡΦΟΣ / ΑΔΕΡΦΗ 1 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
SIBLING 2 NAME & SURNAME ΑΔΕΡΦΟΣ / ΑΔΕΡΦΗ 2 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
SIBLING 2 should send his own registration form (Section 1 only) completed. Ο ΑΔΕΡΦΟΣ/ Η ΑΔΕΡΦΗ 2 πρέπει να στείλει τη δική του/της αίτηση εγγραφής (Μέρος 1 μόνο) συμπληρωμένη.	
OPTION 3 / ΕΠΙΛΟΓΗ 3	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
STUDENT 2 NAME & SURNAME ΜΑΘΗΤΗΣ 2 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
STUDENT 2 CONTACT NUMBER ΜΑΘΗΤΗΣ 2 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
STUDENT 3 NAME & SURNAME ΜΑΘΗΤΗΣ 3 ΟΝΟΜΑΤΕΠΙΩΝΥΜΟ	
STUDENT 3 CONTACT NUMBER ΜΑΘΗΤΗΣ 3 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
STUDENTS 2 & 3 should send their own registration form completed. ΟΙ ΜΑΘΗΤΕΣ 2 & 3 πρέπει να στείλουν τη δική τους αίτηση εγγραφής συμπληρωμένη.	

OPTION 4 / ΕΠΙΛΟΓΗ 4	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
STUDENT 2 NAME & SURNAME ΜΑΘΗΤΗΣ 2 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
STUDENT 2 CONTACT NUMBER ΜΑΘΗΤΗΣ 2 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
STUDENT 3 NAME & SURNAME ΜΑΘΗΤΗΣ 3 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
STUDENT 3 CONTACT NUMBER ΜΑΘΗΤΗΣ 3 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
STUDENT 4 NAME & SURNAME ΜΑΘΗΤΗΣ 4 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
STUDENT 4 CONTACT NUMBER ΜΑΘΗΤΗΣ 4 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
STUDENT 2 & 3 & 4 should send his own registration form completed. Ο ΜΑΘΗΤΗΣ 2 & 3 & 4 πρέπει να στείλει τη δική του αίτηση εγγραφής συμπληρωμένη.	

If you chose **OPTION 5** or 6 or 7 or 8 or 9 please complete the following:

Αν επιλέξατε την **ΕΠΙΛΟΓΗ 5** ή 6 ή 7 ή 8 ή 9 συμπληρώστε τα ακόλουθα:

OPTION 5 / ΕΠΙΛΟΓΗ 5	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 NAME & SURNAME ΓΟΝΕΑΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 CONTACT NUMBER ΓΟΝΕΑΣ 1 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 1 ID or Passport number ΓΟΝΕΑΣ 1 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 1 EMAIL ΓΟΝΕΑΣ 1 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	
PARENT 2 NAME & SURNAME ΓΟΝΕΑΣ 2 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 2 CONTACT NUMBER ΓΟΝΕΑΣ 2 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 2 ID or Passport number ΓΟΝΕΑΣ 2 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 2 EMAIL ΓΟΝΕΑΣ 2 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	

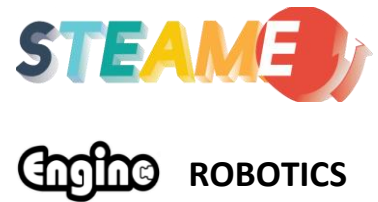
OPTION 6 / ΕΠΙΛΟΓΗ 6	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 NAME & SURNAME ΓΟΝΕΑΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 CONTACT NUMBER ΓΟΝΕΑΣ 1 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 1 ID or Passport number ΓΟΝΕΑΣ 1 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 1 EMAIL ΓΟΝΕΑΣ 1 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	
PARENT 2 NAME & SURNAME ΓΟΝΕΑΣ 2 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 2 CONTACT NUMBER ΓΟΝΕΑΣ 2 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 2 ID or Passport number ΓΟΝΕΑΣ 2 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 2 EMAIL ΓΟΝΕΑΣ 2 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	
CHILD 1 NAME & SURNAME (not participant) ΠΑΙΔΙ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ (μη συμμετέχοντας)	
CHILD 1 DATE OF BIRTH ΠΑΙΔΙ 1 ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ	
OPTION 7 / ΕΠΙΛΟΓΗ 7	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 NAME & SURNAME ΓΟΝΕΑΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 CONTACT NUMBER ΓΟΝΕΑΣ 1 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 1 ID or Passport number ΓΟΝΕΑΣ 1 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 1 EMAIL ΓΟΝΕΑΣ 1 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	

OPTION 8 / ΕΠΙΛΟΓΗ 8	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 NAME & SURNAME ΓΟΝΕΑΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 CONTACT NUMBER ΓΟΝΕΑΣ 1 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 1 ID or Passport number ΓΟΝΕΑΣ 1 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 1 EMAIL ΓΟΝΕΑΣ 1 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	
CHILD 1 NAME & SURNAME (not participant) ΠΑΙΔΙ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ (μη συμμετέχοντας)	
CHILD 1 DATE OF BIRTH ΠΑΙΔΙ 1 ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ	
OPTION 9 / ΕΠΙΛΟΓΗ 9	
STUDENT 1 NAME & SURNAME ΜΑΘΗΤΗΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 NAME & SURNAME ΓΟΝΕΑΣ 1 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 1 CONTACT NUMBER ΓΟΝΕΑΣ 1 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 1 ID or Passport number ΓΟΝΕΑΣ 1 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 1 EMAIL ΓΟΝΕΑΣ 1 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	
PARENT 2 NAME & SURNAME ΓΟΝΕΑΣ 2 ΟΝΟΜΑΤΕΠΩΝΥΜΟ	
PARENT 2 CONTACT NUMBER ΓΟΝΕΑΣ 2 ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
PARENT 2 ID or Passport number ΓΟΝΕΑΣ 2 Αριθμός Ταυτότητας ή Διαβατηρίου	
PARENT 2 EMAIL ΓΟΝΕΑΣ 2 ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	

OPTION 10 / ΕΠΙΛΟΓΗ 10: NO ACCOMMODATION / ΧΩΡΙΣ ΔΙΑΜΟΝΗ



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PARENT APPROVAL FORM

1. Action in absence of parent/guardian:

I _____, parent/legal guardian, authorise members of THALES Foundation staff responsible for the summer camp activities to take all steps necessary in the event of sickness, accident, hospitalization, or surgical intervention with regard to my son/daughter. Should any of the above occur, staff will always try to contact parents in the first instance. However, if this is not possible, I agree to my son/daughter receiving medication or treatment as instructed by medical experts in an emergency medical unit.

Signature:.....

2. Safety and Insurance:

I have ensured that my son/daughter understands that it is important for his/her safety and for the safety of the group that any rules and instructions given by staff in charge are obeyed. In particular, students must follow the summer camp rules as instructed by the organizers. Should my son/ daughter break the rules or instructions, I agree to support the camp's implementation of appropriate disciplinary action which may include terminating the participation. If this is deemed necessary, I understand that the responsibility for accompaniment and any expenses incurred will be the responsibility of the parent/guardian.

Limited accident insurance will be established to cover health expenses in case of accident. As this is limited and may not cover the full cost it is the understanding and requirement that parents should have coverage of accident insurance for their kids.

Submitting of summer camp fee confirms that the parents/ guardians agree to all summer camp regulations.

Signature:.....

3. Allergies (Food/Drug) and/or Health Concerns*:

My son/daughter has allergies YES / NO (circle one please)

If YES, please describe _____

*Complete Special Instructions, if applicable. In addition to outlining special instructions herein, parents of students who have any food allergies of any type are required to bring in a written note providing a detailed written plan if the child would need assistance with an allergy.

Special Instructions: What symptoms might your child exhibit?



Requested actions to be taken by staff:

Medication: Is the participant taking any medication? YES / NO (circle one please)

Will participant need to take medication during program hours? YES / NO (circle one please)

(If yes, attach a Medication Authorization Form) - This document is a consent/waiver agreement between THALES Foundation, Summer Camp and the participant's parents/guardians. This form must be signed and returned before the participant attends the camp. Permission is granted that my child will participate in all activities (including field games and swimming) during camp hours.

Signature:.....

4. Photos & Videos:

I agree that any photographs or video taken of my child or testimonial given may be published on THALES Foundation site or on special leaflets used by THALES Foundation.

YES / NO (circle your answer please)

Signature:.....

5. Swimming pool permission:

☐ I give permission for my child to participate in organized swimming and pool activities while attending Kangourou STEAME Summer Camp 2020. These activities will be designated in the programme on specific times only.

☐ I do not give permission for my child to participate in organized swimming and pool activities while attending Kangourou STEAME Summer Camp 2020. These activities will be designated in the programme on specific times only.

It is the understanding that the student follows the programme and will not attempt to use the swimming pool without the permission of the organizers.

I have read all the sections above and I understand fully the terms and conditions that have been explained.

By signing this parental/guardian consent form, I am giving my permission for my child to attend the Kangourou STEAME Summer Camp organized by the THALES Foundation.

Signature:

Date:

BOOKING PAYMENT of €100 through JCC before the 19 June 2020.

Balance should be paid off by 30 June 2020.

Please send this registration form completed and signed to info@thalescyprus.com.