

KANGOUROU STEAME SUMMER CAMP & CONFERENCE 2022

25-30 July 2022, Rodon Hotel, Agros, Cyprus

25-30 Ιουλίου 2022, Ξενοδοχείο ΡΟΔΟΝ, Αγρός, Κύπρος

REGISTRATION FORM

SECTION 1: PARTICIPANT STUDENT'S DETAILS ΜΕΡΟΣ 1: ΣΤΟΙΧΕΙΑ ΣΥΜΜΕΤΕΧΟΝΤΑ ΜΑΘΗΤΗ/ΤΡΙΑΣ	
NAME & SURNAME (STUDENT 1) ΟΝΟΜΑΤΕΠΩΝΥΜΟ (ΜΑΘΗΤΗΣ 1)	
GENDER (circle) ΦΥΛΟ (κυκλώστε)	MALE / ΑΓΟΡΙ FEMALE / ΚΟΡΙΤΣΙ
DATE OF BIRTH ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ	___ / ___ / _____
ID OR PASSPORT NUMBER ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ / ΔΙΑΒΑΤΗΡΙΟΥ	
STUDENT'S MOBILE PHONE ΑΡΙΘΜΟΣ ΤΗΛΕΦΩΝΟΥ ΜΑΘΗΤΗ	
SCHOOL NAME ΟΝΟΜΑ ΣΧΟΛΕΙΟΥ	
CITY ΕΠΑΡΧΙΑ	
GRADE AT SCHOOL (circle) ΤΑΞΗ ΣΤΟ ΣΧΟΛΕΙΟ (κυκλώστε) 3 - 6 = Γ - ΣΤ ΔΗΜΟΤΙΚΟΥ 7 - 9 = Α - Γ ΓΥΜΝΑΣΙΟΥ	3 4 5 6 7 8 9
PARENT'S FULL NAME ΟΝΟΜΑΤΕΠΩΝΥΜΟ ΚΗΔΕΜΟΝΑ	
CONTACT NUMBER ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ	
EMAIL ΗΛΕΚΤΡΟΝΙΚΟ ΤΑΧΥΔΡΟΜΕΙΟ	

SECTION 2: ACCOMMODATION OPTION

ΜΕΡΟΣ 2: ΕΠΙΛΟΓΗ ΔΙΑΜΟΝΗΣ

	ROOM / ΔΩΜΑΤΙΟ	PRICE / ΧΡΕΩΣΗ	✓
1	DOUBLE / ΔΙΚΛΙΝΟ STUDENT 1 & STUDENT 2 / ΜΑΘΗΤΗΣ 1 & ΜΑΘΗΤΗΣ 2	€480 – FB each	
2	DOUBLE / ΔΙΚΛΙΝΟ 2 SIBLINGS / 2 ΑΔΕΡΦΙΑ	€450 – FB each	
3	DOUBLE FAMILY / ΔΙΚΛΙΝΟ – ΟΙΚΟΓΕΝΕΙΑ 2 PARENTS / 2 ΓΟΝΕΙΣ	€700 – FB PLUS	
4	DOUBLE FAMILY / ΔΙΚΛΙΝΟ – ΟΙΚΟΓΕΝΕΙΑ 1 PARENT & STUDENT 1 / 1 ΓΟΝΕΑΣ & ΜΑΘΗΤΗΣ 1	€350 – FB (parent) €450 – FB (student)	
5	TRIPLE / ΤΡΙΚΛΙΝΟ STUDENT 1 & STUDENT 2 & STUDENT 3 / ΜΑΘΗΤΗΣ 1 & ΜΑΘΗΤΗΣ 2 & ΜΑΘΗΤΗΣ 3	€420 – FB each	
6	TRIPLE / ΤΡΙΚΛΙΝΟ 3 SIBLINGS / 3 ΑΔΕΡΦΙΑ	€350 – FB each	
7	TRIPLE FAMILY / ΤΡΙΚΛΙΝΟ – ΟΙΚΟΓΕΝΕΙΑ 1 PARENT & STUDENT 1 & CHILD (not participant) / 1 ΓΟΝΕΑΣ & ΜΑΘΗΤΗΣ 1 & ΠΑΙΔΙ (δεν συμμετέχει στη κατασκήνωση)	€300 – FB (parent) €400 – FB (student) €200 (child –not participant)	
8	TRIPLE FAMILY / ΤΡΙΚΛΙΝΟ – ΟΙΚΟΓΕΝΕΙΑ 2 PARENTS & CHILD (not participant) / 2 ΓΟΝΕΙΣ & ΠΑΙΔΙ (δεν συμμετέχει στη κατασκήνωση)	€600 – FB (parents) €200 (child –not participant)	
9	QUADRUPLE – FAMILY / ΤΕΤΡΑΚΛΙΝΟ – ΟΙΚΟΓΕΝΕΙΑ 2 PARENTS & STUDENT 1 & CHILD (not participant) / 2 ΓΟΝΕΙΣ & ΜΑΘΗΤΗΣ 1 & ΠΑΙΔΙ (δεν συμμετέχει στη κατασκήνωση)	€600 – FB (parents) €400 – FB (student) €200 (child –not participant)	
10	NO ACCOMMODATION (lunch included) ΧΩΡΙΣ ΔΙΑΜΟΝΗ (μεσημεριανό γεύμα συμπεριλαμβάνεται)	€240	

Depending on your **OPTION** above please complete the following:

Αναλόγως με την πιο πάνω **ΕΠΙΛΟΓΗ** σας συμπληρώστε τα ακόλουθα:

OPTION 1 / ΕΠΙΛΟΓΗ 1

STUDENT 2

NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ

CONTACT NUMBER / 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 2

NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ

CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ

SIBLING 2 should send his own registration form (Section 2 only) completed.

Ο ΑΔΕΡΦΟΣ/ Η ΑΔΕΡΦΗ 2 πρέπει να στείλει τη δική του/της αίτηση εγγραφής (Μέρος 2 μόνο) συμπληρωμένη.

OPTION 3 / ΕΠΙΛΟΓΗ 3

PARENT 1 / ΓΟΝΕΑΣ 1

NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ

CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ

ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ

PARENT 2 / ΓΟΝΕΑΣ 2

NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ

CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ

ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ

OPTION 4 / ΕΠΙΛΟΓΗ 4

PARENT 1 / ΓΟΝΕΑΣ 1

NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ

CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ

ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ

OPTION 5 / ΕΠΙΛΟΓΗ 5			
STUDENT 2			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
STUDENT 3			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
<p><i>STUDENT 2 & 3 should send his own registration form completed.</i> <i>Ο ΜΑΘΗΤΗΣ 2 & 3 πρέπει να στείλει τη δική του αίτηση εγγραφής συμπληρωμένη.</i></p>			
OPTION 6 / ΕΠΙΛΟΓΗ 6			
SIBLING 2			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
SIBLING 3			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
<p><i>SIBLING 2 & 3 should send his own registration form (Section 2 only) completed.</i> <i>Ο ΑΔΕΡΦΟΣ/ Η ΑΔΕΡΦΗ 2 & 3 πρέπει να στείλει τη δική του/της αίτηση εγγραφής (Μέρος 2 μόνο) συμπληρωμένη.</i></p>			
OPTION 7 / ΕΠΙΛΟΓΗ 7			
PARENT 1 / ΓΟΝΕΑΣ 1			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ			
CHILD (NOT PARTICIPANT)			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
DATE OF BIRTH / ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ		___ / ___ / ____	AGE ΗΛΙΚΙΑ

OPTION 8 / ΕΠΙΛΟΓΗ 8			
PARENT 1 / ΓΟΝΕΑΣ 1			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ			
PARENT 2 / ΓΟΝΕΑΣ 2			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ			
CHILD (NOT PARTICIPANT)			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
DATE OF BIRTH / ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ		___ / ___ / ____	AGE ΗΛΙΚΙΑ
OPTION 9 / ΕΠΙΛΟΓΗ 9			
PARENT 1 / ΓΟΝΕΑΣ 1			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ			
PARENT 2 / ΓΟΝΕΑΣ 2			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
CONTACT NUMBER / ΤΗΛΕΦΩΝΟ ΕΠΙΚΟΙΝΩΝΙΑΣ			
ID OR PASSPORT NO. / ΑΡΙΘΜΟΣ ΤΑΥΤΟΤΗΤΑΣ			
CHILD (NOT PARTICIPANT)			
NAME & SURNAME / ΟΝΟΜΑΤΕΠΩΝΥΜΟ			
DATE OF BIRTH / ΗΜΕΡΟΜΗΝΙΑ ΓΕΝΝΗΣΗΣ		___ / ___ / ____	AGE ΗΛΙΚΙΑ



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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.

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.

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)



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(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.

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)

5. Swimming pool permission:

☐ I **give** permission for my child to participate in organized swimming and pool activities while attending Kangourou STEAME Summer Camp 2022. 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 2022. 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.

If it is required by the government or the hotel, students may be asked to provide a rapid test with a negative result.

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 agree with all the above and I am giving my permission for my child to attend the Kangourou STEAME Summer Camp organized by the THALES Foundation.

Signature:

Parent / Guardian name & surname:

Contact number:

Date:

BOOKING PAYMENT of €100 through JCC before the 1 July 2022.

Balance should be paid off by 10 July 2022 the latest.

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