



KANGOUROU STEAME SUMMER CAMP AND MINI CONFERENCE 2025

DATES: 21-25 July 2025, RODON HOTEL, Agros

REGISTRATION FORM

Please complete in English CAPITAL Letters. ALL fields are mandatory.

PARTICIPANT STUDENT'S DETAILS	
NAME:	
SURNAME:	
GENDER:	Female <input type="checkbox"/> Male <input type="checkbox"/>
DATE OF BIRTH:	DAY: ____ ____ MONTH: ____ ____ YEAR: ____ ____ ____
ID or PASSPORT NUMBER:	
SCHOOL NAME:	
CITY:	
GRADE AT SCHOOL:	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>

PARENT'S DETAILS:	
NAME:	
SURNAME:	
CONTACT NUMBER:	
EMAIL:	

DO YOU WISH TO STAY IN THE SAME ROOM WITH A FRIEND OF YOURS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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If YES, please complete your friend's details below.

NAME:	
SURNAME:	
CONTACT NUMBER:	
Your friend should complete his/her own registration form and send it.	

If NO, you agree that THALES Foundation will book a room for you with another student same gender and similar age in order to share the room.

THIS PAGE SHOULD BE COMPLETED ONLY IF THE STUDENT WILL BE ACCOMPANIED BY A FAMILY MEMBER.

If student will be accompanied by a family member (mother/father or both) the below section should be completed.

Number of Family Members:	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Number of Adults:	1 <input type="checkbox"/> 2 <input type="checkbox"/>
ADULT 1	
NAME:	
SURNAME:	
CONTACT NUMBER:	
ADULT 2	
NAME:	
SURNAME:	
CONTACT NUMBER:	
CHILD	
NAME:	
SURNAME:	

SELECT	
DOUBLE ROOM (1 ADULT + THE STUDENT)	
TRIPLE ROOM (2 ADULTS + THE STUDENT)	
TRIPLE ROOM (1 ADULT + 1 CHILD + THE STUDENT)	
QUADRUPLE ROOM (2 ADULTS + 2 STUDENTS)	
QUADRUPLE ROOM (2 ADULTS + 1 STUDENT + 1 CHILD)	

Summer Camp Registration Fee per student	€250,00
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Accommodation FEES with supervision (supervision refers to students) - Optional Full Board (4 nights) Double or Triple Rooms or Quadruple Rooms	
STUDENT (Double Room)	€325,00
STUDENT (Triple Room)	€300,00
SIBLINGS staying in a Double Room	€300,00
ADULT	€400,00
CHILD who is not attending the camp	€300,00

SELECT	DOUBLE ROOM <input type="checkbox"/>	TRIPLE ROOM <input type="checkbox"/>	QUADRUPLE ROOM <input type="checkbox"/>
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GENERAL PROGRAMME

Monday, 21 July 2025
Arrivals and check-in: 15.00-16.00
Meeting with the students: 16.30
Activities: 17.00-19.00
Dinner: 20.00
Tuesday, 22 July 2025
Breakfast: until 9.00
STEAME ACTIVITIES: 9.00-13.00
Lunch Break: 13.00-15.30
STEAME ACTIVITIES: 15.30-18.30
Dinner: 20.00
Cinema Night: 21.00
Wednesday, 23 July 2025
Breakfast: until 9.00
STEAME ACTIVITIES: 9.00-13.00
Lunch Break: 13.00-15.30
STEAME ACTIVITIES: 15.30-17.00
ROSE Factory Excursion: 17.00-18.30
Dinner: 20.00
Thursday, 24 July 2025
Breakfast: until 9.00
STEAME ACTIVITIES: 9.00-11.30
Swimming Pool: 11.30-13.00
Lunch Break: 13.00-15.30
STEAME ACTIVITIES: 15.30-18.30
Dinner: 20.00
Meeting with the students: 21.00
Friday, 25 July 2025
Breakfast: until 9.00
STEAME ACTIVITIES: 9.00-13.00
Lunch Break: 13.00-14.00
CHECK OUT: 14.00-14.30
REHEARSALS: 14.30-16.00
AWARD CEREMONY: 17.00-19.00
DEPARTURES

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)

(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 2025. 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 2025. 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 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:

**Balance should be paid off by 6 July 2025 the latest through JCC - [CLICK HERE](#)
Please send this registration form completed and signed to info@thalescyprus.com.**