SUMMER CAMP 2018
REGISTRATION FORM

Palma aquarium

Please complete this form in block capitals and deliver it personally to Palma Aquarium´s reception **along with all required documents** ** The registration deadline ends each Wednesday before the start date of each shift.

1. PARTICIPANT INFOMATION

Name & Surname:

Age: Boy ☐ Girl ☐ e of birth:

Address:

Zip : Town:

2. PARENT Father ☐ Mother ☐ Guardian Information ☐

Name & Surname:

ID number: Mobile number: Telephone:

Address: ZIP:

Town: Email (block capitals):

3. DOCUMENTS TO BE PROVIDED**

- Completed registration form and 1 participant's passport photo.
- ID Photocopy of mother/father/guardian (if applicable, accreditation of the legal guardianship of the minor).
- Photocopy of the participant's health card or medical insurance.
- On-line locnumber: _____

4. FURTHER INFORMATION

Can he/she swim? YES ☐ NO ☐

Do he/she have any illness? Which?

Does he/she take any medication? Which?

Does he/she have any allergies to any medication or food? Which?

Other information of interest:

5. AUTHORIZATION

I, ...as parent /legal guardian with ID number.....authorize my child/tutored minor to:

1. To participate and attend Palma Aquarium`s summer camp outings scheduled activities by the organization.
2. I authorize the campus management team to make any necessary medical decisions in case of emergency and under the appropriate facultative address.
3. I authorize that the image of my child or tutored minor may appear in the corresponding publications related to the different activities organized during the summer camp on web pages and in any other communication related to Palma Aquarium.
4. I understand that Palma Aquarium will not refund the money in case of lack of attendance of the children in the selected shifts. Cancellations must be communicated 15 days in advance, we recommend to consult the terms of return.
5. I authorize my child or tutored minor to be able, at the end of daily activities to:
   - ☐ Return home alone, without being picked up by anyone
   - ☐ Apart from me, be collected by the following persons*:

NAME & SURNAME	KINSHIP	ID NUMBER

*The authorized people have to present ID number

Signed by Parents or guardian:

☐ I have read and accept the privacy policy

☐ I agree to receive offers and promotions from Palma Aquarium

In Palma de Mallorca, ... of 2018

Inscription of child/tutored minor in the following shift:		Morning daycare	Afternoon daycare
1st shift 25-29th July	☐	☐	☐
2st shift 2-6th July FULL	☐	☐	☐
3st shift 9-13th July FULL	☐	☐	☐
4st shift 16-20th July FULL	☐	☐	☐
5st shift 23-27th July FULL	☐	☐	☐
6st shift 30 July -3rd August	☐	☐	☐
7st shift 6-10th August FULL	☐	☐	☐
8st shift 13-17th August	☐	☐	☐
9st shift 20-24th August	☐	☐	☐
10st shift 27-31st August	☐	☐	☐
11st shift 3-7th September	☐	☐	☐