

REGISTRATION FORM FOR THE PARTICIPANT*

(* **DON'T** SEND US PHOTO OF THIS DOCUMENT - **ONLY SCAN**)

PHOTO

∴ Novas Descobertas 2020 Summer camps∴

Summer camp shift: <i>(mark with an X the shift(s) in which you are enrolling:</i> Summer camp SHIFT I - 5 th to the 12 nd of July ____ (ages 12 to 16) Summer camp SHIFT II - 19 th to the 26 th of July ____ (ages 12 to 16) Summer camp SHIFT III - 2 nd to the 12 th de August ____ (ages 12 to 16) * Attention the participants arrive on the first day of the camp (SUNDAY) between 3pm and 5pm - we will indicate your arrival time by email	Registration no. ____
---	-----------------------

1. PARTICIPANT DETAILS

Name:	
Date of birth:	
Age:	
Nationality:	
Schooling (year):	
School:	
Telephone:	
Email address:	
Citizen card/passport no:	
Health services no.	

Com o apoio de:



Participating accompanied by a family member (sibling/cousin) Yes No

If so, please indicate his/her name(s):

1.	
2.	

3. PARENTS IDENTIFICATION / PERSON RESPONSIBLE FOR THE PARTICIPANT

Mothers name:	
Address:	
Post code:	Location:
Mobile no.:	Email:

Fathers name:	
Address:	
Post code:	Location:
Mobile no.:	Email:

PARTICIPANT'S GUARDIAN (eg. mother, father or other)	
Morada:	
Post code:	Location:
Mobile no.:	Email:

4. RECEIPT DETAILS - your receipt will be issued with the following details:

Name / Entity:	
Address:	
Post code:	Location:
Fiscal/ tax number:	

Com o apoio de:



5. PARTICIPANTS MEDICAL INFORMATION

NOTE:

It is convenient that the participants have a check up with the doctor before participating in any summer camp. When signing this form, the parent or guardian is responsible for the perfect health condition of the participant.

The participant requires special **attention**, including:

- Allergies _____
- Diet (that is following)

- Medication (that is taking) ¹

- Any other medical condition

1 - Do not forget to indicate de medication dosage (if applicable).

* **Attach** documents if necessary.

6. OTHER INFORMATION:

Has the participant ever participated in a summer camp organized by Projecto Novas Descobertas?

Yes No

Can the participant swim? Yes No

7. Describe the participant's personality:

8. PRICE AND HOW TO PAY 2020 - Residential summer camp, Price/participant:

* NOTE: In view of the pandemic that we have witnessed this year and since the association is sensitive to the decrease in the economic power of the general population, exceptionally, the 2020 summer camps have prices below the values practiced in previous years. We also offer free and discounted places - INDICATE YOUR SITUATION ON THE REGISTRATION FORM.

Reduced general price (members and non-members | siblings):

Com o apoio de:



Shift I, II - € 225 | Shift III - € 335.00

SOLIDARY PRICE:

You can choose to pay the SOLIDARY price, which gives a little more and helps children who cannot pay to participate in these summer camps for free:

Shift I, II and V - 260 € | Shift III - € 370.00

Payment can be made by check, in cash or by bank transfer, **only after RECEIVING an email from Projecto Novas Descobertas with the confirmation of receipt of the registration form and with the indication of the value for deposit and the total payment:**

Iban NIB: (PT50)0045 7194 4015 2135 1713 6 *

(Caixa de Crédito Agrícola - Projecto Novas Descobertas)

***After the transference please send proof of payment to info@projectonovasdescobertas WITH THE NAME OF THE ACCOUNT HOLDER AND WITH THE NAME (S) OF THE CHILD (S) in which the transfer was made.**

The Participants Guardian:

I declare that the participant has the necessary conditions to be able to participate in the summer camp organized by Projecto Novas Descobertas, having both me and the participant knowledge of the rules of the Internal Regulation.

The information provided is accurate and contains no omissions.



Guardian's signature

(As identification)

Date: ____ / ____ / ____

THIS REGISTRATION FORM WILL ONLY BE VALID IF DELIVERED WITH THE SIGNED AND DATED **TERM OF RESPONSIBILITY (DISCLAIMER)** (YOU CAN DOWNLOAD IT IN THE SAME PLACE AS THIS ONE) SENT VIA ADDRESS (Quinta do Vale da lama Caixa Postal nº 322 N 8600-258 Odiáxere Lagos) OR VIA EMAIL (info@projectonovasdescobertas.org)

ATTENTION:

Com o apoio de   You should carefully read the document **“COVID 19 contingency measures in PND Summer Camps: Entry requirements”** (download from the website where you downloaded this form) to understand what you have to bring to the Camps in Covid 19 times including: **KIT “SAFE CHILD”**

All participants enrolling in PND summer camp are ensured against personal accidents during the 24h of all days present at the summer camp, according to article no. 17 of Decree – Law no. 304/2003 of 9th of December and by Decree no. 629/2004 of 12th of June.

General Coordination: *Andreia Gonçalves Rodrigues*
