



SUMMER CAMP APPLICATION

GYARMATI DEZSŐ SWIMMING POOL

Which session/week to apply: _____

Child's data

Name: _____

Date of birth and place: _____

Insurance number (TAJ): _____

Address: _____

Level of swimming:

Beginner (shallow water) _____

Advanced (deep water) _____

(Please put an X to the right place)

Parent/legal guardian's data

Please give us the name and availability of the person to be notified if necessary (Readable)

Name: _____

Phone number: _____

E-mail address: _____

Person(s) entitled to take over the child (Readable)

Name: _____

Phone number: _____

Health data

Is there any special information confirmed by doctor about the child's eating habit? Yes / No

Does the child have any allergies confirmed by doctor (medicine, food)? Yes / No

Does the child have asthma? Yes / No

Does the child have a serious health problem? Yes / No

Does the child take any medication? Yes / No

Did the child have any accident/surgery, if so, when? Yes / No

Is there any information that we need to know about your child? Yes / No

If you answered YES to any of the above questions, please explain them. **In case of food allergy or intolerance, we ask for the doctor/specialist's verification!**

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I, the undersigned (name of parent) _____, as the legal guardian of (name of child) _____ (name of mother: _____, date of birth and place _____, address: _____, in the following: Child), by signing this declaration I signal my child's intention to apply for the Summer Swimming Camp, organised by II. Kerületi Sport és Szabadidősport Nonprofit Kft., at Gyarmati Dezső swimming pool (1029 Budapest, Máriaremetei út 224.), in the following: Camp.

By signing this declaration, I acknowledge that my child's application only will be completed when the full participation fee is paid and by submitting this document.

I accept and acknowledge that the participation fee for the camp, as determined by the organiser, to be paid in advanced, in case of cancellation within 7 days prior to the start of the camp (for any reason) will not be refunded. I acknowledge in case of refund, if there was a pass redemption, only the amount on the payment receipt will be charged to be repaid, the occasion of the redeemed pass will be reimbursed in a form of pass again. In case of SZÉP card payment we will not be able to refund the amount.

I accept and acknowledge that if the participation fee is not paid until the date determined by the organiser, my child can not participate in the camp.

I make a commitment if there is any change in the above data, I will let the organiser know as soon as possible.

If my child has an accident or gets sick at the camp and the camp leaders can't notify me (in case of emergency medical intervention) both the camp leader and/or the authorized staff member is entitled to provide medical treatment for my child as soon as possible, the cost of which I undertake (I will reimburse afterwards).

I make a commitment to inform the camp leader of any illness, accident or other event affecting my child's participation in the camp.

I note that the Summer swimming camp, organised by II. Kerületi Sport és Szabadidősport Nonprofit Kft., leaders do not take responsibility for lost or damaged valuables, the participants of the camp can only bring them at their own risk.

I declare that I have read the policy of Gyarmati Dezső Swimming Pool, I have introduced it with my child, we accept it.

With my signature I certify that, after reading and accepting the above, I intend to submit and attend my child to the camp with the above conditions. Aware of my criminal responsibility I declare that I have provided only true and complete information on this application form.

The camp organiser provides the following privacy information:

Reporting is voluntary. You have the right to request the data controller (management) to access, rectify, delete or restrict the processing of personal data concerning you and your child, and to object to the processing of such personal data, as well as the right to data portability.

You have the right to withdraw your consent at any time, which does not affect the lawfulness of the processing carried out on the basis of the consent prior to the withdrawal.

You also have the right to submit a complaint to the supervisory authority (National Authority for Data Protection and Freedom of Information, address: 1530 Budapest, Pf.: 5., e-mail: ugyfelszolgalat@naih.hu, phone number: +36 (1) 391-1400).

The provision of data is a prerequisite for application and participation. If you do not provide the above personal data, your child can not be included in the data controller's database, therefore your child can not participate in the Summer Swimming Camp, organised by the organiser, as data controller.

Further information can be found at the website of the organiser, as data controller (www.masodikkeruletsport.hu/gdpr).

I, the undersigned, declare that by filling in and signing the application form, I have read and acknowledge the above information and the data management information of the data controller.

I give my consent to the processing of my child's data, and my own personal data provided above for the purposes indicated above voluntarily, without any outside influence.

Budapest,

Parent signature