



Športno društvo BEACHVOLLEY –
Associazione sportiva BEACHVOLLEY

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PARENT / GUARDIAN STATEMENT

Slovenian Beach Volleyball Camp 2024

I, the undersigned (name and surname) _____ parent/legal guardian, declare that I am aware of the camp program, therefore I agree to the following for my child/ward (name and surname) _____, address: _____, born: _____, for the duration of the camp:

- participation in all activities, except as indicated under "allergies and/or special needs",
- participation in different transportations, as part of these activities,
- permission to use and publish his/her photos or video images for any purpose authorized by Slovenian Beachcamp,
- usage of personal data only to the extent necessary to provide a functional website, content and services.

Please list below any medications/allergies/special needs that your son/daughter takes/needs or will be bringing to the camp. Please list the medication name, dosage, frequency and reason for use. Please type '**none**' if not applicable.

Place and date:

Parent's Signature:
