



APPLICATION FORM FOR THE INTERNATIONAL SPORTS CAMP

Name and surname:

Permanent address, country:

Date of birth:

E-mail address:

Phone Number:

*Parent's or legal guardian's first and last name, if you are a minor:

Date of the camp I want to attend (circle):

- 3. 7.–7. 7. 2023
- 17. 7.–21. 7. 2023
- 21. 8.–25. 8. 2023

Special dietary needs: _____

Special medical circumstances (allergies, emergency medications, various disabilities, etc.):

Signature: _____

Place, date: _____

You will receive feedback and additional information as soon as possible.

By submitting this form, I agree that I am aware of the content of Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals in the processing of personal data and on the free flow of such data and on the repeal of Directive 95/46/EC (General data protection regulation or GDPR) and the applicable Personal Data Protection Act, as well as other regulations governing the protection of personal data when included in the programs of the Institute for Entrepreneurship, Tourism and Youth of Brežice; I agree that the personal data in this statement are used and processed for the purposes of inclusion, implementation, information for ZPTM programs and information to the general public in accordance with the EU General Data Protection Regulation (GDPR) and current Slovenian legislation on the protection of personal data and internal Acts of the Institute for Entrepreneurship, Tourism and Youth in Brežica. You can read information about the processing of personal data and the rights arising from it in our Personal Data Protection Policy, published at <https://www.zptm.si/varstvo-osebni-podatkov>. You can also address additional questions to the authorized person for data protection at dpo@datainfo.si.

PARENTAL OR GUARDIAN CONSENT

The undersigned _____ (name and surname of parent or legal guardian), born _____ (date of birth):

- I agree that my child _____ (child's first and last name) attends an international sports camp organized by ZPTM Brežice, _____ (selected camp date);
- I am also aware that my child will be photographed and recorded and will be used exclusively for the purposes of promoting the Hand in Hand project of ZPTM Brežica and other participating organizations in the project.

My contacts:

- telephone number at which you can be reached: _____
- E-mail: _____

Parent's or legal guardian's signature or:

Place, date: _____

You will receive feedback and additional information as soon as possible.

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