



# Registration Form

## SummerCamp



\* This registration is not binding, and participation is subject to confirmation based on the total number of participants and the scheduling of external activities. One form per participant.

## 1. PARTICIPANT DETAILS

Name			
Date of birth	/ /	Residence Card/Passport Number	
Zip Code		Country	
Name of the person responsible for the child			
E-mail of the responsible			
Phone number of the responsible			

## 2. APPLICATION INFORMATION

(The formation of the groups will be done after analyzing the number of registrations. If there are not enough participants for one of the activities, the child may be redirected to an alternative option or receive a full or partial refund by credit card or bank transfer.)

### FOR THE CHILDREN

Soccer Option <sup>1</sup>		
2 PM to 5.30 PM		
June - July	30 <sup>th</sup> - 4 <sup>th</sup>	
Surf Option <sup>2</sup>		
2.15 PM to 5.45 PM		
July	7 <sup>th</sup> - 11 <sup>th</sup>	
July	14 <sup>th</sup> - 18 <sup>th</sup>	
July	21 <sup>st</sup> - 25 <sup>th</sup>	
July - August	28 <sup>th</sup> - 1 <sup>st</sup>	
VALUE PER WEEK: 600€		

### FOR THE FAMILIES

Lessons Package	
2.30 PM TO 4.30 PM	
Number of adults:	
Name of participant(s):	
VALUE PER WEEK: 750€ + VAT	

## 3. DAILY TRANSFER TO ACTIVITIES:

<sup>1</sup> For accommodation near the soccer school, we recommend the Renaissance Porto Lapa Hotel by Marriott, located nearby.

<sup>2</sup> We recommend choosing Four Points by Sheraton - Matosinhos for a convenient and comfortable stay near the surf school. (On request with the Hosting department).



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<b>Option 1<sup>3</sup></b> Transfers to and from the Hotel to Matosinhos / Circunvalação or Constituição (within scheduled time)	
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<b>Option 2</b> A person who can come to pick the children up		
Name:		
Family relationship:		
ID/Passport number:	Contact:	

<b>Option 3</b> Another person who can come to pick the children up		
Name:		
Family relationship:		
ID/Passport number:	Contact:	

## 4. PAYMENT DETAILS

To receive the payment details, please contact us at [learningportuguese@iaservices.pt](mailto:learningportuguese@iaservices.pt).

## 5. DECLARATION

☐ I, as the party responsible for the participant above, authorize their enrollment in IAS - Summer Camp Porto and acknowledge the general rules, regulations, and compulsory insurance coverage.

☐ I authorize my child to leave at the end of the activities, according to the exit option marked.

☐ I further declare that my child is physically healthy to play sports.

### SIGNATURE OF THE RESPONSIBLE PERSON:

\_\_\_\_\_

Date:    /    /

## 6. TO BE FILLED IN BY THE ADMINISTRATIVE SERVICES

Verified by:

Date:    /    /

Main Investor ID:

\_\_\_\_\_

<sup>3</sup> Prices may vary depending on the number of participants. Final cost will be confirmed with the driver.



## MEDICAL DATA FORM

### 1. PARTICIPANT DETAILS

Name	
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### 2. RELEVANT MEDICAL DATA TO BE TRANSMITTED TO ORGANIZATION

Disease/Medication	Yes		No	
If yes, which?				

Special Care	Yes		No	
If yes, which?				

### 3. DECLARATION

As guardian of the participant, I authorize the sharing of information with IAS - Summer Camp departments for necessary adjustments to the participant's care.

#### SIGNATURE OF THE RESPONSIBLE PERSON:

\_\_\_\_\_

Date:    /    /

Observations: Data relevant to the organization.

### 4. TO BE FILLED IN BY THE ADMINISTRATIVE SERVICES

Verified by:

Date:    /    /

## DECLARATION AND CONSENT PRIOR TO THE PRIVACY POLICY AND PROTECTION OF PERSONAL DATA

In compliance with the General Data Protection Regulation (EU) 2016/679, IAS - Summer Camp Porto informs that all personal data provided are processed under the following conditions:

- The Controller of the personal data International Atlantic Services, LDA, with head office in Rua de Oliveira Monteiro, 289, 1<sup>st</sup> floor, 4050-443 Porto, and with the following email address [info@iaservices.pt](mailto:info@iaservices.pt).



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- The data collected is necessary to register as a participant of IAS – Summer Camp Porto and is processed to fulfil the contract during the period the participant attends Summer Camp, as well as your consent (if given) to be able to capture images (photo and video) of the program participants.
- Your data will only be used for the purposes for which it was collected and kept for the necessary time to fulfill those purposes, in compliance with legal deadlines and national regulations. Information from the registration form will be shared with FCP [FC Porto – Futebol SAD – Dragon Force] and Escola de Surf [Surfing Training School] for proper activity execution and legal compliance. Any use of personal data for other purposes requires your consent.
- The data holder may at any time request access, correction, limitation, or deletion of personal data, or withdraw consent without affecting the lawfulness of prior processing, by contacting [learningportuguese@iaservices.pt](mailto:learningportuguese@iaservices.pt). You can also file a complaint with the supervisory authority (Comissão Nacional de Proteção de Dados) and pursue legal action for any violation of your rights.
- For more information on personal data processing, rights, and defense options, please visit our privacy policy at <https://www.iaservices.pt/> or contact our Data Protection Officer at [corporate@ias.pt](mailto:corporate@ias.pt).

### Consent for image collection:

If granted, International Atlantic Services, LDA. may capture images (photos and videos) of program participants for promotional, communication, and informational purposes related to IAS - Summer Camp Porto, as outlined above.

I consent to the use of my child's images (photo/video) and sound for the promotion and communication of IAS Summer Camp Porto.

Yes

☐

No

☐

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(Signature of the person responsible)