



INSCRIPTION FORM

DATE: _____

CAMP **INTERNATIONAL SUMMERCAMP (San Javier, 14-22 JULIO)**



PERSONAL DATA:		PLAYER							
NAME			SURNAME						
ID			DATE OF BIRTH				GENDER	M	F
EMAIL					TELEPHONE				
ADRESS									
CITY					ZIP				
PROVINCE				COUNTRY					

PERSONAL DATA:		FATHER / MOTHER							
NAME			SURNAME						
DNI			DATE OF BIRTH				GENDER	M	F
EMAIL					TELEPHONE				
ADRESS									
CITY					ZIP				
PROVINCE				COUNTRY					

MEDICAL DATA		NAME OF THE PLAYER:							
ALLERGY OR ALLERGIC TO ANY MEDICATIONS						YES		NO	
ALLERGIES									
SIGNIFICANT INJURIES									
RECENT ILLNESS									
IF YOUR CHILD NEEDS TO TAKE ANY MEDICATION DURING THE SUMMERCAMP, PLEASE INDICATE BELOW									
HEALTH INSURANCE COMPANY									
POLICY NUMBER									
ANY OTHER INDICATION									

DATOS DE INTERÉS		NAME OF THE PLAYER:											
SIZE OF T-SHIRT	4	6	8	10	12	14	XS	S	M	L	XL	XXL	XXXL
HEIGHT			WEIGHT (KG)			CAN SWIM?	YES		NO				
DID YOU PLAY BASKETBALL?	YES		NO		CLUB								
ANY OTHER SPORT?	YES		NO		WHICH ONE?								
HOW DID YOU HEAR ABOUT OUR SUMMERCAMP?													
WHO DO YOU WANT TO SHARE THE BEDROOM WITH DURING THE SUMMERCAMP? TELL US HIS/HER NAME													
OTHER FAMILY MEMBERS IN THE CAMP?	YES		NO		HOW MANY?								
HASVE YOU EVER BEEN IN ANY OTHER ACTIVITY OF CMA BEFORE?	YES		NO										
WHICH?							DATE						

HOW TO PAY **BANK TRANSFER** Please, remember to include the player's name

NAME OF BANK ING **IBAN** ES71 1465 0100 9119 0034 5540 **BIC** ING-DE33XXX

BOOKING CONDITIONS 50% of the full amount shall be paid 6 weeks before the begining of the camp.
 100% of the full amount shall be paid 2 weeks before the begining of the camp.
 Discounts for players who have participated before in other editions, brothers or 100% of payment before 15 May

ONCE YOU FILL THIS FORM, PLEASE SEND IT TO: chusmateoacademy@gmail.com