

I the undersigned _____ parent of _____

Tel.: _____, email _____ ask for the registration of my son/daughter at the NBC CAMP 2020 which will take place in Castel di Sangro (AQ):

1st Turn form 28 June to 4 July

2nd Turn form 5 to 11 July

<input type="radio"/> FULL CAMP	<input type="radio"/> DAY CAMP
Partecipation fee 490€ including: Full board in Hotel 3 stars, Basket gear, technical sessions, recreation sessions, swimming pool, personal insurance, certificate and medal.	Partecipation fee 260€ including: Schedule time from 9.00 am to 6.30 pm with lunch at the hotel Not included dinner, accomodation and evening program.

- Use the bus from Rome, Lido di Ostia (28, Mar Arabico street - stadium Stella Polare) to Castel di Sangro (subject to availability).

Round Trip €. 50

one way: €.30 (indicate which route to use)

Departure

Return

- For those who come on their own CHECK-IN to Hotel within 5.00 pm Hotel Sport Village - Piana Santa Liberata, 67031 Castel di Sangro (AQ) tel. (0039-0864-847280).

"SIBLINGS" DISCOUNT: 50 € discount on the second son's subscription fee;

TWO TURNS OFFER: whoever subscribes for both turns will have right to a 60 € discount.

Plus free full board for the 4th of July.

ENROLLMENT FORM

Surname:	Name:
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Date of birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Place of birth:
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Address:

City:	Country
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Nationality:

Basketball Club:	T-shirt size:	Height:
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Please list all allergies of food and medications:
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I what to stay in the room with ... (if available)
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REGULATIONS

COST OF PARTICIPATION:

15th NBC Camps Italia - **Full Camp** "All Inclusive": 490 €.

- DEPOSIT: € 190,00 by April 30, 2020 - FINAL PAYMENT: € 300 by June 15, 2020;

15th NBC Camps Italia - **Day Camp**: 260 €.

- DEPOSIT: € 110,00 by April 30, 2020 - FINAL PAYMENT: € 150 by June 15, 2020.

PAYMENT:

Bank transfer headed to: A.S. DIL. NBC CAMPS ITALIA

BANCA DI CREDITO COOPERATIVO ROMA Current account no. 665

IBAN: IT 96 P 0832 703 249 000 000 000 665 - Payment description: NBC CAMP 2020

N.B.:

The registration form, which must be signed by a parent (or by who exercises parental authority) and the medical certificate for basket activity (reporting any allergies of food or medications) and a copy of payment, must be sent by e-mail until **15th of June 2020**.

There is a limited number of registrations, therefore NBC CAMPS ITALIA reserves the right to reject all registration forms received beyond the deadline or that exceed the number of expected attendants, and in this case will provide a refund on the deposited amounts.

For any cancellations, done by 30 (thirty) days before the beginning of the camp, 80% of the amount paid will be refund; if done before 7 (seven) days, 50% will be refund, after these terms refunds will not be granted.

CONSENT TO THE USE OF IMAGES

The parent cedes the right to use filmed/photographed images of his son/daughter within videotapes, photographs or website with information and publicity purposes concerning the Camp or what is organized from the Camp itself.

SIGNATURE OF PARENT _____

INSURANCE

I the undersigned with relation to the insurance contract stipulated from the organizers in favor of the athletes participating to the Camp accepts and releases a disclaimer committing to renounce to any damage reparation exceeding the value of the planned maximum coverages. I declare to relieve the organizers from every responsibility deriving from injuries or other during the whole period and all the Camp activities. Moreover, I grant the assent to the participation of his son/daughter to possible excursions organized during the week using private transports. I take on the responsibility of the whole refund of possible damages occurred to his son/daughter. I also declare to exempt the organizers in case of controversies between the insured and the Insurance Company. I declare to accept all the Camp's rules and regulations and I authorize the participation of my son/daughter at the above-written camp.

RESPONSIBILITY

The organization refuses every responsibility for possible thefts and damages to things or people before, during and after the Camp execution. The organization is possibly responsible only and exclusively within the terms expected from the stipulated insurance policy.

TRANSPORTS

Subscribing to the registration form, I authorize the Organization or the transport companies chosen from it, to transport my son/daughter, in case of need, for the Camp success. The vehicles that will be used will be legally insured. In case of accident the vehicle insurance will reply.

DATE: _____ SIGNATURE: _____

FOR REGISTRATION OR INFORMATION: PHILIPPOU Timos
- tel. 347 3311516 - E-Mail: timos@nbccamps.it - Fax: 06 5692868