



Registration form

Participant

First name and surname: _____

Number and street: _____

Postcode and town: _____

Date of birth: _____

Social security no.: _____

Email: _____

Clothing size: 12-14 S M L XL

Parent/guardian

Full name of father, mother or guardian: _____

Number and street: _____

Postcode and town: _____

Social security no.: ____ / ____ / ____ / _____

Phone/Mobile: _____

Email: _____

Health

the participant can take part in physical and sporting activities,

the participant does not have any health issues,

the participant has the following health issues:

the participant regularly takes the following medication:

the participant has the following dietary restrictions:

vegetarian

other: _____

the participant is allergic to (please specify the type of allergy, e.g. pollen, gluten, dairy, nuts, etc.):

the participant has other special needs (please specify; see page 33)

Sports weeks for young people aged 11 to 12

Mini Multisports

(16/07/2020–20/07/2020)

Mini Maxi-Sports

Mini Multisports Nautiques

Mini Multisports

(17/08/2020–21/08/2020)

Mini Sailing - Brouwersdam (NL)

Sports camps for young people aged 13 to 17

Équitation / Horse riding

Dance Arts

Martial Arts

Multisports – Sala Comacina (I)

Multisports

Rafting, Canyoning'n Sportsfun - Oetzal (A)

Mountainbike

Escalade / Rock climbing

Windsurfing – Brouwersdam (NL)

Sportsfun on wheels

Sailing – Brouwersdam (NL)

Multisports Nautiques

Kitesurfing – Brouwersdam (NL)

Wake'n Sportsfun

Please tick the box(es) to select your chosen sports week(s).



Parental consent

I, the undersigned, _____ , hereby confirm that I have reviewed the information about the organisation of the "S.d.S. Sport-Wochen" and the protection of personal data (please refer to page 34 of the brochure).

I also confirm that my son/daughter/ward (the "participant") will take part in the "S.d.S. Sport-Wochen", which may involve travel abroad.

I authorise the person responsible for the sports week to take, if need be, any measures (medical treatment, hospitalisation, etc.) deemed necessary in view of the participant's health, and agree to pay or refund all related medical costs.

I declare that the participant is insured.

I confirm that the participant knows how to swim (mandatory for the proposed water-based activities).

I understand that the participant may be sent home from the sports week due to disruptive behaviour. No refunds will be made if such action is taken. I certify that I have stated all information related to the participant's health in the registration form so that the *Service Sports* can provide appropriate supervision.

Furthermore, if I have provided information regarding the participant's health in the registration form, I hereby give the municipal administration of the City of Luxembourg permission to process the information in question so that it can organise activities in line with any special needs, arrange appropriate supervision and provide care tailored to the participant's needs while they take part in the proposed sports activities.

BY TICKING THIS BOX AND SIGNING THE REGISTRATION FORM, I agree to the processing of information regarding the participant's health.

Finally, I hereby authorise the City of Luxembourg's *Service Sports* to take photographs of the participant during the "S.d.S. Sport-Wochen" and use their image for publicity purposes in the City of Luxembourg's communication channels (information brochures, website, etc.).

BY TICKING THIS BOX AND SIGNING THE REGISTRATION FORM, I hereby agree to the processing of the participant's image (the taking and publication of photographs).

_____, _____ 2020

Signature

Registration forms are to be sent to:

Service Sports - 5, rue de l'Abattoir - L-1111 Luxembourg

Tel.: 4796-2463 / 4796-4424 - Fax: 45 41 60

Email: mschaal@vdl.lu / ldupont@vdl.lu - www.vdl.lu