

## Camp Sunshine Portugal - Registration Form 2024

### Camp Selection

<b>Select the Camp(s)<sup>1</sup> you want to attend from the list</b> (please tick) <small><sup>1</sup>You may register for either youth week camps. Campers may only attend 1 week of camp, if you wish to do 2 weeks you will be placed on a waiting list for your 1<sup>st</sup> preference week and nearer July we will confirm if we can offer you a place for an additional week.</small>	<b>Week 1 - Kid's Week 7-11 years old</b> <b>13/07/2024</b>	<b>08/07/2024 -</b>
	<b>Week 2 – Youth Week 12+ years old</b> <b>20/07/2024</b>	<b>15/07/2024 -</b>
	<b>Week 3 – Youth Week 12+ years old</b> <b>27/07/2024</b>	<b>22/07/2024 -</b>

### Camper's Name

<b>Camper's Forename</b>	
<b>Camper's Surname</b>	

### Camper's ID

<b>Camper's ID Type</b> (ID Card or Passport)	
<b>Camper's ID number</b> (ID Card number or Passport number)	
<b>Camper's ID Expiry Date dd/mm/yyyy</b>	

### Camper's Gender & Date of Birth

<b>Date of Birth</b>	
<b>Age</b>	
<b>Gender</b> (please tick)	<b>Female</b>  <b>Male</b>

### Address Details

<b>Camper's Address Line 1</b>	
<b>Camper's Address Line 2</b>	
<b>Camper's Town / City</b>	
<b>Camper's County / State / Provence</b>	

<b>Camper's Postcode</b>	
<b>Camper's Country</b>	
<b>Camper's Telephone Number</b>	
<b>Camper's Mobile Number</b>	
<b>Camper's eMail address</b>	

<b>Is your Parent's address the same as the Camper's address? (Yes / No)</b>	
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### Parent or Guardian's Details

<b>Title</b>	
<b>Forename</b>	
<b>Surname</b>	

### Parent or Guardian's ID

<b>Parent or Guardian's ID Type (ID Card or Passport)</b>	
<b>Parent or Guardian's ID number (ID Card number or Passport number)</b>	
<b>Parent or Guardian's ID Expiry Date dd/mm/yyyy</b>	

### Parent or Guardian's Contact Details

<b>Relation to Camper</b>	
<b>Address Line 1</b>	
<b>Address Line 2</b>	
<b>Town / City</b>	
<b>County / State / Provenca</b>	
<b>Postcode</b>	
<b>Country</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	

<b>Parent's eMail address</b>	
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## Health and Diet

<p><b>Do you have any health issues?</b> (Yes / No)</p>	
<p><b>If so what are they</b></p>	
<p><b>Do you have any allergies?</b> (Yes / No)</p>	
<p><b>If so what are they</b></p>	
<p><b>Any dietary needs? (ex: vegetarian)</b> (Yes / No)</p>	
<p><b>If so what are they</b></p>	
<p><b>Other than food allergies, are there any foods you do not eat?</b> (Yes / No)</p>	
<p><b>If so what are they</b></p>	

### Details of your Health Care

We require your Portuguese Health ID number or if you live outside Portugal the name and policy number of your Health Insurance policy.

Name of Health care provider	
Health care ID / Insurance Policy Number	

### Accommodation Sharing

Do you have any family or friends also attending as a camper for the same week that you wish to share with?	
You may enter the names of up to two people of the same gender who are attending the same camp. This is to allocate sleeping accommodation	

### Terms and Conditions

I confirm I have read and that I accept Camp Sunshine's Terms and Conditions	
Signature	
Date	

Completed forms should be scanned and emailed to [registration@campsonshineportugal.org](mailto:registration@campsonshineportugal.org)