

BHFunEduCamp

IME/NAME:

PREZIME/SURNAME:

DATUM ROĐENJA/DATE OF BIRTH:

ODABIR GRUPE I NAPOMENE /CAMP DATES AND NOTES:

REGISTRATION FORM

Camper Name: _____ Date of Birth: _____

Gender (circle one): Female Male School: _____ Grade Entering: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (home) _____ (cell) _____ (work) _____

Email: _____ Please send me my confirmation via email

Camper Shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium

CAMP SESSIONS

Please indicate which camp sessions you are registering for. (Please note that there are no partial sessions. Check as many boxes as apply.)

- Session 1 July 12-19, 2021
 Session 2 July 19-26, 2021
 Session 3 July 26-August 2, 2021
 Session 5 August 2-9, 2021

PAYMENT

Camp Fees:

- Week Fee _____
 Two-Week Fee _____
- Total Due:** _____

Drop Off and Pick Up Transportation Fee:

- Transportation Fee (50,00 KM fee per session)

Travel Insurance:

- Travel Insurance (Price to be delivered upon request)

A non-refundable deposit of 200.00 KM PER CAMP SESSION is due with this application. The deposit is applied to your total balance. Balances must be paid in full by June 1st, 2021.

I would like to pay:

- Deposit: 200.00 KM number of sessions: KM _____
- Balance in full (See above to calculate total for desired program)
- Please bill my credit card the following amount: KM _____

Name on Card: _____ Circle: MasterCard VISA Discover Amex

Credit Card #: _____ Exp. Date: _____ CSV: _____ Signature: _____

Cancellations will be accepted up to payment deadline (1 June 2021). Cancellations will result in the forfeiture of the non-refundable deposit per session. The BHFunEduCamp cannot guarantee placement if balances and required forms are outstanding after payment deadline.

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH PAYMENT AT BHFunEduCamp, Sarajevo Insider, Zelenih beretki 30, 71000 Sarajevo, email: INFO@BHFUNEDUCAMP.COM.

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

COMPLETE ONE FORM PER CHILD

Pick-up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1.Name: _____ Relationship: _____ Phone Number: _____

2.Name: _____ Relationship: _____ Phone Number: _____

3.Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to BHFunEduCamp Staff to hospitalize and secure proper treatment for my child.

Medical Release

I authorize the BHFunEduCamp as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any licenced physician or surgeon on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the BHFunEduCamp is not responsible for costs incurred for medical care.

Medical Insurance Provider: _____

Allergies and Medications

Known Allergies: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

Hereby I also give permission to administer medication to the BHFunEduCamp staff. Note: Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please inform the Camp staff.

Policies

Risks: Although BHFunEduCamp has made every effort to ensure the safety of camp participants while participating in the Camp, I accept and assume the risks and dangers inherent in the activities provided for in the Camp program, known or unknown, including the medical risks mentioned above.

Liability: BHFunEduCamp cannot be held liable for circumstances, accidents and dangers that may occur in cases of negligence and irresponsibility of campers who failed to comply with the Camp Rules and Regulations. The Camp's Rules & Regulations are part of the Handbook provided to all campers. By signing this document and/or payment of the deposit or the total amount, I confirm that BHFunEduCamp cannot take responsibility for the non-compliance with the law and rules and regulations specified in the Handbook by my child/protégé. As a parent/guardian, I accept full responsibility for the behavior of my minor child/protégé while participating in the Camp.

Program Modifications: BHFunEduCamp reserves the right to modify the Program and/or limit participation in Program activities in the event of Force Majeure in order to protect the well-being of Camp participants. If there is a change in activities in the Program and/or accommodation, the changes made will correspond to the quality and value of the originally announced Program. BHFunEduCamp reserves the right to change the program if there is insufficient number of interested children (the minimum number of participants in each group is 20). In case of cancellation, the deposit made will be refunded in full.

Photographs: I give my permission for my child's photograph or video to be taken for use by the BHFunEduCamp in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____

PRIJAVNI FORMULAR

Ime i prezime kampera: _____ Datum rođenja: _____

Spol (zaokružite): Ženski Muški Škola: _____ Razred: _____

Ime roditelja/staratelja(s): _____

Adresa: _____ Grad: _____ Država: _____ Poštanski broj: _____

Telefon: (kućni) _____ (mobilni) _____ (službeni) _____

E-mail: _____

Veličina majice: S za djecu M za djecu L za djecu S za odrasle M za odrasle

DATUMI KAMPA

Molimo Vas da označite grupe za koje se prijavljujete. Molimo Vas da uzmete u obzir da grupe nije moguće fragmentirati. Možete označiti onoliko grupa koliko Vam odgovara.

- Sedmica 1 12. - 19. juli 2021.
 Sedmica 2 19. - 26. juli 2021.
 Sedmica 3 26. juli - 2. avgust 2021.
 Sedmica 4 2. - 9. avgust 2021.

PLAĆANJE

Uplata naknade za kamp

- Sedmična naknada _____
 Dvosedmična naknada _____ **Ukupno:** _____

Naknada za prijevoz do kampa:

- Naknada za prijevoz od Aedroma/Autobuske stanice u Sarajevu/Istočnom Sarajevu do Kampa 50,00 KM
 Naknada za prijevoz od Kampa do Aedroma/Autobuske stanice u Sarajevu/Istočnom Sarajevu 50,00 KM

Naknada za putničko osiguranje:

- Naknada za putničko osiguranje (iznos naknade će biti dostavljen na upit)

Uz prijavu se dostavlja nepovratni depozit od 200,00 KM za svaki sedmični modul. Taj iznos će biti odbijen od naknade koja se uplaćuje po sedmičnom modulu. Cjelokupna naknada treba biti izmirena najkasnije do 01. juna 2021. godine.

Želim uplatiti:

- Depozit: 200.00 KM po sedmičnom modulu: _____ (ukupan iznos u KM)
 Cjelokupnu naknadu (pogledajte naknade gore)
 Molim Vas da naplatite navedeni iznos putem moje kartice: _____ KM

Ime i prezime vlasnika kartice: _____ Zaokružite: MasterCard VISA Discover Amex

Broj računa #: _____ Važi do: _____ CSV: _____ Potpis: _____

Otkaz za učešće u Kampu je moguće izvršiti do 01. juna 2021. godine. Otkazivanje će rezultirati gubitkom depozita po sedmičnom modulu. BHFunEduCamp ne može garantovati rezervaciju u kampu ukoliko uplata preostalog dijela i dostava traženih obrazaca uslijedi poslije isteka roka za plaćanje.

Ovim putem potvrđujem da sam pročitao, razumijem i saglasan sam sa uslovima ove prijave.

Potpis roditelja/staratelja: _____ Datum: _____

PRIJAVNI FORMULAR S DOKAZOM O UPLATI MOŽETE DOSTAVITI PUTEM POŠTE NA BHFunEduCamp, Sarajevo Insider, Zelenih beretki 30, 71000 Sarajevo, ili putem elektronske pošte na email: INFO@BHFUNEDUCAMP.COM.

ODOBRENJE ZA PREUZIMANJE KAMPERA / DOZVOLA ZA HITNE MEDICINSKE INTERVENCIJE

POPUNITE JEDAN FORMULAR PO KAMPERU

Spisak osoba koje imaju odobrenje za preuzimanje kampera

Osoba koja preuzima kampera mora pokazati identifikacioni dokument i biti navedena na dole navedenom spisku:

Ime roditelja/staratelja: _____ Poslodavac: _____ Telefon: _____

Ime roditelja/staratelja: _____ Poslodavac: _____ Telefon: _____

Navedite do tri osobe (pored roditelja/staratelja) koje imaju odobrenje da preuzmu kampera i koje možemo kontaktirati u slučaju hitne medicinske intervencije ili hitnog preuzimanja kampera u slučaju kada roditelj/staratelj nije dostupan.

1.Ime: _____ Odnos: _____ Telefon: _____

2.Ime: _____ Odnos: _____ Telefon: _____

3.Ime: _____ Odnos: _____ Telefon: _____

Odobrenje za hitnu medicinsku intervenciju

U slučaju hitnog slučaja, prihvatamo da su poduzete sve mjere da BHFunEduCamp stupi u kontakt sa mnom i ostalim osobama gore. U slučaju da BHFunEduCamp osoblje ne bude u mogućnosti ostvariti kontakt sa nama, ovim putem dajem odobrenje da hospitaliziraju moje dijete i osiguraju prikladnu terapiju i liječenje.

Dozvola

Ovim putem opunomoćujem BHFunEduCamp da mene kao potpisnika ovog formulara zastupa u slučaju da mom maloljetnom djetetu bude potrebno izvršiti RTG snimak, anestetičku, medicinsku, dentalnu ili hiruršku dijagnozu ili zahvat, kao i pružiti bolničku njegu po preporuci i pod nadzorom bilo kojeg licenciranog ljekara ili hirurga medicinskog osoblja bilo koje zdravstvene ustanove bilo da je takva dijagnoza ili tretman pružen u lječničkom uredu ili bolnici. Također prihvatam da BHFunEduCamp nije odgovoran za troškove nastale uslijed medicinskog tretmana.

Naziv zdravstvenog osiguranja: _____

Alergije i lijekovi

Alergije: _____

Da li Vaše dijete treba uzimati lijekove tokom boravka u kampu (zaokružite)? Da Ne

Ukoliko je odgovor da, molimo Vas da navedete i obrazložite koje lijekove: _____

Ovim putem dajem odobrenje osoblju BHFunEduCamp-a da mogu davati navedne lijekove mom djetetu. Napomena: Obavezne lijekove uz originalni recept izdat od strane ljekara sa propisom primjene lijeka moraju biti dostavljeni našem osoblju. Ukoliko Vaše dijete ima posebne potrebe (jezičke smetnje, poremećaj pažnje, govora, sluha, alerije na hranu, itd.), molimo Vas da obavijesite osoblje Kampa.

Pravila

Rizici: Premda je BHFunEduCamp poduzeo sve napore kako bi osigurao sigurnost polaznika kampa tokom učešća u Kampu, prihvatam i preuzimam rizike i opasnosti svojstvene aktivnostima koje su predviđene programom Kampa, poznatom ili nepoznatom, uključujući gore navedene medicinske rizike.

Odgovornost: BHFunEduCamp ne odgovara za okolnosti, nezgode i opasnosti koje se mogu dogoditi u slučajevima grube nepažnje, nemara i neodgovornosti polaznika kampa zbog nepridržavanja pravila ponašanja u kampu. Pravila ponašanja u kampu su dio Vodiča koji se dostavlja svim kamperima. Vlastitim potpisom i/ili uplatom depozita ili ukupnog iznosa potvrđujem da BHFunEduCamp ne može preuzeti odgovornost za nepoštivanje zakonskih odredbi i pravila ponašanja navedenih u Vodiču od strane mog djeteta/štićenika. Kao roditelj/staratelj prihvatam potpunu odgovornost za ponašanje svoga maloljetnoga djeteta/štićenika tokom učešća u Kampu.

Promjena/otkaz programa: BHFunEduCamp zadržava pravo izmjene programa i/ili ograničavanja učešća u aktivnostima iz Programa u slučaju okolnosti van kontrole BHFunEdu Camp-a a kako bi zaštitio dobrobit učesnika Kampa. Ukoliko dođe do promjene aktivnosti u Programu i/ili smještaju, nastale promjene će odgovarati kvaliteti i vrijednosti izvorno najavljenih aktivnosti. BHFunEduCamp zadržava pravo promjene ugovorenog programa ako za isti ima nedovoljan broj zainteresirane djece (minimalni broj polaznika u svakoj grupi je 20). U slučaju otkazivanja, uplaćeni depozit će biti vraćen u potpunosti.

Fotografije: Ovim putem dajem dozvolu da BHFunEduCamp može bilježiti i koristiti fotografije i video zapise mog djeteta u programskim brošurama, godišnjem izvještaju, internetu, društvenim medijima i drugim promotivnim materijalima i saopštenjima/objavama u lokanim medijima.

Potpis roditelja/staratelja: _____ Datum: _____