



Zwem- en Waterpolovereniging Argo

Sint-Oedenrode – Founded May 2, 1968 – Affiliated with the KNZB

Argokamp registration form: May 24-26, 2024

Participant details:

First name: _____
Infix: _____
Last name: _____
Address: _____
Date of birth: _____
Phone number: _____



Health declaration:

Ziekteverzekering

Name: _____
Number: _____

Doctor

Name: _____
Phone number: _____

In case of an emergency

Name: _____
Phone number: _____

Does the health of your son/daughter require special care?

Yes / No, If yes which one?

Does your son/daughter suffer from asthma, hay fever, eczema, epilepsy or other complaints?

Yes / No, If yes which one?

Should he/she be taking medications that we should be aware of?

Yes / No, If yes which one?

In the event of an emergency, at the discretion of a doctor, I give permission for my son/daughter to be admitted and treated in a hospital, without my prior knowledge, if it was not possible to contact me in time.

Date: ____ - ____ - 2024

Signature of parent/guardian: _____

Also complete the back of this form ►►►

Registration is not complete until this form and the registration fee have been received!



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Groups

This year I would like to join _____ and _____
in the group.

Tent

I have a tent **Yes / No** and it can accommodate _____ people.

Hulp

This year we really need the help of parents/guardians. Would you please let us know when you can help?

- I can help with construction on Friday, May 24 between 3:00 PM and 5:00 PM
- I can help with construction on Friday, May 24 between 5:00 PM and 7:00 PM
- I can help with dismantling and tidying up on Sunday, May 26 between 10:00 AM and 12 noon