



INTERNATIONAL BASKETBALL CAMP TEAM 97 – NIDA 2024 REGISTRATION FORM

! Please write name and surname in Latin letters !

Family name _____ Camper Coach
First name _____ Nationality _____
Date of birth _____ Native language _____
Club Name _____ Coach 's contacts _____
Session number (1st, 2nd, 3rd or multiple) _____

House name/house number _____ Street name _____
Town/city _____ Country _____ Postcode _____
Phone number (including country code) _____

T-shirt size: S M L XL XXL

Do you require a visa to travel to the Lithuania? Yes No

What is your general level in English? Beginner Elementary Intermediate Advanced

Additional information.

Do you have any allergies? Yes No

If yes, please give details _____

Do you have any special dietary needs? Yes No

If yes, please give details _____

If there are any other medical issues that you would like us to know about, please write a brief description here _____

If necessary, do we have permission to give you Paracetamol? Yes No

We occasionally feature camp photos in our marketing materials. Do you grant permission for your child's photos to be used? Yes No

Parent 's/Guardian 's full name whom we could contact in case of emergency _____

Emergency contact phone number for the person named above _____

Parent 's/Guardian 's e-mail address _____

Parent 's/Guardian 's name and signature _____

SCANNED form WITH SIGNATURE must be sent by e-mail: giedrius@flintas.lt