

Information for parents – Nová Paka camp, 2nd run, Aug 8th-17th 2019

Following information are valid as of January 1st 2019 till withdrawal

1. Organizer of the camp: Eldorado z.s., Topolová 405, 251 63 Strančice, IČ: 22673997
2. Official website: www.tabor-sopka.cz
3. Address : **Tabor OKO Nova Paka**
<name of child>
Zlamaniny u Nove Paky
PSČ 509 01
Czech Republic

Leading chief: Tereza Bezděková,
tel.: +420 723 912 877,
sopka.eldorado@gmail.com
4. **Shared bus transport:**
From **PRAGUE**, approx 200 m after metro station **Černý most**, direction out of Prague,
stands for coaches

DEPARTURE to camp: at **15.00 pm** . (meet at 14.30 pm)
ARRIVAL from camp: around **14.** pm
5. **Individual transport:**
Handover of the child in camp 16.00 – 16.30 pm on the first day of the stay
From the camp: 11.00 – 11.30 am on the last day of the stay.
6. **Accommodation:** in 4/6 beds cabins or in the rooms of the main building
7. **Mobile phones** shall not be used by kids in this camp, please, do not give them to your children.
In case of necessity, we will contact you. Eventually you may ask about small kids how are they doing.
8. On following pages
 - **Shared information for all camps 2019**
 - **Forms - Affidavit and Health check**

Information for all types of camps OKO 2019

1. Application method: **Kindly fill in application form on following webpage** www.tabor-sopka.cz/jogovy-tabor-yoga-camp
You will receive confirmation and we shall send you payment information together with copy of the application.
2. Payments
 - Application sent till May 5th. , deposit 1000 czk or the whole payment is due within 10 days from confirming the application, additional payment till May 30th
 - Applications sent after May 20th, the whole payment is to be done within 10 days after your application is confirmed
 - Application sent after June 20th, the whole payment is to be done within 5 days after your application is confirmed.
3. Payments: bank transfer: **2100503974/2010**, variable symbol: **birth day all together, add name of your child**
4. Before boarding the bus or upon individual arrival directly to camp, you need to hand over following :
 - 1) **Copy of Assessment of child's medical fitness** signed by pediatrician
You can use different form, not older than 24 months .
 - 2) **Affidavit** (no infectivity).
 - 3) **Copy of medical insurance** , please, glue onto Affidavit
 - 4) Eventual medicaments, kindly mark with name and dosage
 - 5) **Pocket money** (with smaller kids) in opened marked envelope
Child cannot be accepted to the camp in the event. of illness or lice
5. **Price includes** accommodation, meals, pedagogical and medical supervision, any expenses for camp program, prizes for competitions, medical equipment if treatment done by our medical staff
6. **Price excludes** transport from Prague and from Pilsen
7. **Price also excludes** fees and medicaments for hospitalization of child and also does not include expenses for trips .The recommended pocket money to cover trips is 200 CZK (usual pocket money is 300 – 500 CZK).
8. **Sibling discount** is for the second and other siblings. It is for both new campers and those other returning
9. **Basic equipment of children:** usual equipment for camp and sport, **sleeping bag**, rain coat, rubber boots, sport shoes, hat, swim suit and shoes to water, clothing for hot and cold weather, flashlight, hygiene supplies, stationary, reasonable pocket money.
We have no responsibility for your child's equipment. You may consider marking clothing, sleeping bag etc...
10. Yoga camp: **yoga mat**
11. The organizer is not responsible for any losses or damages of mobile phones, electronics, expensive personal property and unsupported money (money can remain in custody with the supervisors).
12. The visits to the camp are not recommended for educational, operational and hygiene reasons.
13. In case of severe violation of the Camp rules, the camp management reserves the right to exclude the child from the camp and his/her parent legal carer has to immediately take child from the camp. Parent or legal carer is also responsible to cover any damages done either consciously or due to negligence.
14. Later arrival or earlier departure is possible. .
15. Detailed conditions: www.tabor-sopka.cz/info-rodicum/smluvni-podminky

Get off at the camp

AFFIDAVIT (no infectivity)

camp OKO

I hereby state, that my child:

Date of birth: Medical insurance:

has no signs of acute illness (diarrhea, temperature, cough ...), the doctor did not prescribe a regime change, the health care professional or the attending physician did not prescribe any quarantine measures for the child. I am also not aware that the child has come into contact with people who have had a communicable disease in the past two weeks. The child has no lice or nits.

The medications used by the child, or the existing restrictions resulting from the child's state of health, I stated in writing in the binding application and informed the medical officer of the summer camp.

I am aware of the legal consequences that would affect me if this statement was not true.

Date: Name of legal representative:

The statement must be completed on the day of the camp!

Signature:

If parents are not in the Czech Republic, who will take the child in their emergency (for example due to illness) in urgent cases - name, birth number, mobile:

Telephone connection to parents (legal guardians) during the camp (please fill in, even if it is the same with application form):

Mother Father:

Your child is taking these medications - please indicate for what and how often he/she should take them. *Please tick the medicine on behalf of the child and the dosage*

Before boarding the bus or when the child arrives at the camp, submit:

- This Honorary Statement
- A copy of a medical certificate confirmed by a doctor
- A copy of the health insurance card
- Medicines with name and dosage
- Optionally pocket money (for small children) + money for a trip

Copy of medical insurance

Please, glue or attache here readable copy of medical insurance

Assessment of child's medical fitness

to participate in the summer camp - in accordance with Annex No. 3 to Decree No. 106/2001 Coll.

Registration nr. of report:

[Empty box for registration number]

1. Identification data

Name of the provider of health services issuing the report:

Name and surname

of the child:

Date of birth:

Permanent address:

2. Report conclusion

Assessed child to participate in the summer camp:

- a) is health-proof *)
- b) not medical *)
- c) is eligible for health (with restriction): *)

Assessed child:

- (a) have undergone regular vaccinations: YES - NO *)
- (b) is immune to infection (type / species):
- (c) has permanent contraindication against vaccination (type / species):
- (d) is allergic to:
- (e) has long - term use of medication (type / species, dose):

Signed in Name and surname of physician

Date:

**) delete as appropriate*

signature of physician
stamp of medical facility