

MPS 2020

16th International Symposium
on MPS and Related Diseases
From 31st July to 2nd August 2020

CHILDREN & YOUTH PROGRAM Registration Form

DEADLINE: May 31

Child's name _____ Surname _____ Age _____

Native language _____ Other languages _____

MPS Patient NO YES Type of MPS _____

Wheelchair NO YES Manual Automatic

Is the child able to walk? NO YES Just a little

Father's name _____ Surname _____

Contact number +_____/_____ Do you use WhatsApp with this number? YES NO

E-mail _____

Mother's name _____ Surname _____

Contact number +_____/_____ Do you use WhatsApp with this number? YES NO

E-mail _____

Is he/she allergic to Latex? YES NO

Food Grounded food Children's Menu Adult's Menu

(The organization will provide the food, but will not be responsible for feeding the children or youth attending the event).

Known allergies (food, animal hair, medications, etc.) _____

Diapers-WC (needs and frequency schedule) _____

Nap NO YES _____

Please mark ONLY ONE category where you think your child fits best:

- Someone that I designate will be responsible of my son/daughter and will stay at all times with him/her at the Children's area.
- My son/daughter requires constant supervision and will require a volunteer by his/her side at all times.
- My son/daughter has some autonomy and is able to play on its own, however he/she should be included in a small group supervised by a volunteer.
- My son/daughter has total autonomy. Only light supervision is required. (No specific volunteer assigned).
- My son/daughter has total autonomy and freedom to move around the hotel at all times.
(All the areas of the hotel that will be used for the Children & Youth Social Program will be supervised by volunteers).

Apart from this one, how many children are you registering to the children & youth program:

1. Name (Age) _____ 2. Name (Age) _____

3. Name (Age) _____ 4. Name (Age) _____



Observations

This form has been filled in by _____

BASIC INFORMATION ON DATA PROTECTION

In AGORA GESTION DE EVENTOS, S.L. (hereinafter "the Company"), we process the data that you provide in order to carry out the requested service or company activity. For these purposes, it may be necessary to process the data and documents that compose your medical records, which constitute specially protected data, such as health. The processing of this data may include, non-restrictively, the management, manipulation, access or possession of the aforementioned data.

Moreover, your personal data will also be processed in order to proceed with the service's billing (whenever this is necessary) and comply with the applicable legal obligations. The legal basis for the processing is the contract execution and your own consent to the Company processing your data. According to GDPR 2016/679 of 27th April of 2016 and all applicable data protection and health legislations, the personal and medical data or documentation that you provide will be kept by the Company for at least the amount of years that are legally mandatory, and at most during the time necessary to carry out the requested service.

Your data can be disclosed and made available to third parties with the purpose of carrying out the requested service, and whenever there is a legal obligation to do so.

In any case, all the staff that have access to any medical data during the exercise of their competencies will be subject to confidentiality obligations regarding the personal data they have access to.

You have the right to obtain confirmation as to whether the Company is processing your personal data and therefore have the right to access your personal data, rectify inaccurate data or request its deletion when the data are no longer necessary. You can access additional information contacting: Controller: AGORA GESTION DE EVENTOS, S.L. - B64674187 - Address: CARRER MUNTANER N69 ENT 1º, 08011, BARCELONA (BARCELONA) - Phone: 932427714

TO BE SIGNED BY THE LEGAL GUARDIAN OR LEGAL REPRESENTATIVE

(When the child is less than 18 years old)

I ACCEPT AND GIVE MY CONSENT TO MY PHONE NUMBER BEING USED FOR COMMUNICATIONS VIA WHATSAPP FOR ANY OF THE PURPOSES LISTED IN THE PROTECTION DATA INFORMATION.

I SIGN THIS DOCUMENT CONFIRMING THAT I HAVE BEEN INFORMED, AND THAT I UNDERSTAND AND AUTHORIZE THE PROCESSING OF THE PERSONAL DATA OF THE CHILD FOR WHOM I ACT AS A LEGAL GUARDIAN OR REPRESENTATIVE.

Date: / /

Name and surname of the child: _____

Child's ID or Passport number: _____

Name and surname of the legal guardian or representative: _____

ID or Passport number: _____

Signed:

