

To Konstantin Fedorenko  
Director  
International Child Center «Artek»

From: \_\_\_\_\_  
(full name of parent of legal guardian)

\_\_\_\_\_  
(place of residence)

Tel.: \_\_\_\_\_

E-mail: \_\_\_\_\_

### APPLICATION

I, \_\_\_\_\_,  
(full name of parent or legal guardian)

passport \_\_\_\_\_, issued \_\_\_\_\_  
(series, number) (date and place of issue)

\_\_\_\_\_  
(for adoptive parents/legal guardians, include details of adoption/custody document)

\_\_\_\_\_  
(address)

Please arrange a study program and educational activities for my son/daughter, based on general/secondary education in grade \_\_\_\_\_, and enroll him/her in extracurricular and educational activities offered by the study program at International Child Center «Artek».

Passport (birth certificate) \_\_\_\_\_, issued \_\_\_\_\_  
(series, number) (place and date of issue)

Child's nationality \_\_\_\_\_

Child's place of residence: \_\_\_\_\_

I confirm that my child \_\_\_\_\_ health restrictions that require  
(has/does not have)

a special learning environment in classes and during extracurricular activities throughout his/her stay at Artek.

Disability certificate \_\_\_\_\_ (copy of the certificate confirming health restrictions attached).

- ✓ I confirm that I have reviewed a copy of Artek's education license.
- ✓ I agree to the personal data of the parent (legal guardian) and the child being processed according to Russian law.
- ✓ I agree to my child participating in sport events, trips and other activities at Artek according to Artek schedule.
- ✓ I have read the Artek regulations.
- ✓ I agree to my child's valuable belongings being stored in designated facilities (safes, lockers) at Artek. Artek will not be responsible for the personal belongings in the event of a refusal to submit the valuables for storage.
- ✓ In the event of a threat to my child's health or life, I give my informed and voluntary permission to emergency medical help, hospitalization, transfusion of donor blood and/or blood components and other medical assistance required to save my child's life and keep my child healthy, including transportation of my child to a medical facility and back to Artek by Artek medical professionals.
- ✓ I agree to my child participating in interviews, photo shoots and filming, to editing and use of photos and videos for non-commercial purposes and in Artek advertising, including printed press, internet and other media.

\_\_\_\_\_  
signature

\_\_\_\_\_  
full name of parent (legal guardian)

\_\_\_\_\_  
date