

# Saturday Club LIMASSOL Registration Form 2024/2025



Upon filling in your personal details please sign on page four (4) and send the completed application to [info@wood-wizards.com](mailto:info@wood-wizards.com)

## Participant's Personal Details

Name:.....Surname:.....

Date of Birth:..... Gender: Male:  Female:  Nationality:.....

Spoken languages in order of proficiency:.....

## Saturday Club Participation

Please specify your child's participation by ✓ the time slot below (maximum two time slots per child are possible):

<i>Time slot</i>	<i>Please ✓ below</i>
<b>08.30 – 10.30</b>	
<b>11.00 – 13.00</b>	
<b>13.30 – 15.30</b>	

## Tuition Fees:

**MONTHLY SUBSCRIPTION to be paid at the beginning of each month:**

**One session (2 hours each) per week – €100 per month**

**Double session (4 hours each) per week - €200 per month**

### **SINGLE SESSION**

**One session (2 hours) - €30 per session**

## Special notes:

- A **10% discount** is applied to the monthly fees of siblings.

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## Dietary Information

Does your child follow any particular **dietary regime** (e.g. vegetarian, vegan etc.)?      Yes                      No

If "Yes" please specify:.....

Does your child have any food **intolerances** or **allergies** we should be aware of?      Yes                      No

If "Yes" please specify:.....

.....

## Child's Personal Doctor

Name:.....Surname:.....

Cell phone:.....Email:.....

Does your child experience any **medical conditions** we should be aware of?      Yes                      No

If "Yes" please specify: .....

.....

In the unlikely event of a **medical emergency** whereby neither the parent/guardian nor the emergency contact can be reached, do you consent for your child to be admitted to a **hospital** for further **medical care** and **attention**?

Yes                      No

## Parent's/Guardian's Personal Details

Name:..... Surname:.....

Degree of kinship:..... Nationality:.....

Cell phone:..... Work phone: ..... Email:.....

## Emergency Contact

Name:.....Surname:..... Degree of kinship:.....

Cell phone:..... Work phone:..... Email:.....

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### **TERMS & CONDITIONS**

#### **Registration:**

1. Upon receiving your application an invoice will be issued upon request and receipts will be handed out on the first day of your participation.
2. Fees can either be paid on a monthly basis or in full if you intent to register for a set period of time.
3. Registrations are made on a first-come-first-served basis.
4. Participation is secured through confirmation upon received payment.

#### **Cancellations:**

In the event that you wish to cancel your Wood Wizards Clubs booking, please review our policy below:

1. We require a written confirmation of your wish to cancel/withdraw your participation 7 days in advance of the commencement of your booked participation.
2. Monthly participations are payable in advance and are not refundable unless of exceptional circumstances, where the request for a refund will be considered on a case-by-case basis, and in the case of extenuating personal circumstances (illness or bereavement). Please note that supporting evidence will be requested.

#### **Cancellations and Refunds**

1. We reserve the right to cancel Wood Wizards Clubs courses if we fail to recruit a minimum level of enrolments or if circumstances beyond our reasonable control prevent us from delivering it. If you have received a confirmation of participation offer at the time of such cancellation, we will offer you a refund in full of your paid tuitions.
2. Though the Wood Wizards Clubs makes every attempt to avoid any changes or interruptions, we do reserve the right under extraordinary circumstances to cancel one or more Clubs gatherings,
3. or proceed with other changes to our schedule and programme. In the extraordinary event of a Clubs gathering cancellation, participants will be refunded in the form of participation extensions equal to the number of Clubs gathering/s cancelled.

#### **Refund Processing**

1. In the event that a refund is approved, you will be reimbursed using the same means of payment as you used to make the payment to us unless expressly agreed otherwise.  
In any event, you will not incur any fees as a result of the reimbursement.

#### **Payments methods:**

1.
  - a. Payments are made in advance through a wire transfer clearly mentioning the name of the student and the month the tuitions intent to cover.
  - b. at the beginning of every month in cash upon the first visit at our workshop
  - c. at the beginning of every month with card payment upon the first visit at our workshop
2. Transfer costs borne by the sender. If you opt to provide payment for your Wood Wizards Clubs registration by International Bank Transfer please note that the Wood Wizards Clubs is not responsible for any bank charges incurred in the transfer of fees. All bank charges, including those incurred overseas and in the UK, is the sole responsibility of the person making the payment.

#### **Hellenic BANK**

Account Name: L.I.M Wood Wizards (Cyprus) Ltd  
BIC: HEBACY2N  
IBAN: CY88 0050 0105 0001 0501 9352 5001  
Reference: Childs Full Name – Booking Dates - Activity (E.g. Alex Smith – Day 1, 2 and 5 – Summer Club)

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## Insurance

1. The Wood Wizards Clubs cannot accept any liability for any loss or damage to your property. You are advised to insure your property against such risks.
2. The Wood Wizards Clubs provides liability company insurance for participants.

## Health & Safety – COVID 19

Both our Workshop alongside all pursued activities abide by all COVID-19 Health & Safety protocols and standards communicated by the Ministry of Education and Ministry of Health.

## Privacy Policy

The Privacy Policy of Wood Wizards Clubs L.I.M Wood Wizards (Cyprus) Ltd is compliant with the General Data Protection Regulation (GDPR) 2016/679 and provides detailed information about how personal data is processed. For more information contact the Data Protection Officer by email at [info@wood-wizards.com](mailto:info@wood-wizards.com) or by telephone on +357 96 011211

The Privacy Policy of Wood Wizards Clubs – L.I.M Wood Wizards (Cyprus) Ltd which is already available to the general public, is binding for us parents/guardians and our child.

**Please mark the relevant box with a ✓**

Permission to take and use photos, audio, video and testimonials of my child in order to advertise the school and its activities.

I do give permission  I do not give permission

I confirm with my signature that I have read the Wood Wizards Clubs – L.I.M Wood Wizards (Cyprus) Ltd Terms & Conditions and that I agree to all of them. I fully accept that my child will participate in an array of activities that bear associated risks. In my role as parent/guardian I accept these risks and confirm that these activities can take place under the supervision of Wood Wizards Clubs staff and delegated third parties chosen by L.I.M Wood Wizards (Cyprus) Ltd. I have read and understood these Terms & Conditions and I confirm that I am content for my child to participate in any of the planned activities.

Parent's/Guardian's full name:

Signature: ..... Date: .....

L.I.M Wood Wizards (Cyprus) Ltd