

ASTROCAMP 2025

PARENT/LEGAL GUARDIAN AUTHORIZATION FORM

(for candidates less than 18 years old at the time of application)

I, _____, holder of the passport/ID card n.º _____, valid until ____/____/_____, as parent/legal guardian of the student _____, holder of the passport/ID card n.º _____, valid until ____/____/_____:

1. Authorize the aforementioned student to apply to, and – if accepted – to participate in AstroCamp 2025, which will be held at CEIA - *Centro de Educação e Interpretação Ambiental da Paisagem* of the *Corno de Bico* protected landscape, from 10 to 24 August 2025.
2. Declare that I am aware of and accept the AstroCamp 2025 regulations, which are included herein and available at <https://astrocamp.astro.up.pt/RegulamentoEN.pdf>.
3. Declare that I am aware of the *Centro de Investigação em Astronomia/Astrofísica da Universidade do Porto* Privacy Policy, which is included herein and available at <http://www.astro.up.pt/documentos/CAUP-PoliticaPrivacidade.pdf>, and consent to the collection, processing and storage of my personal data and, as holder of parental responsibilities, those of the aforementioned student, for legal and administrative purposes, specifically relating to billing, insurance and integration in the activity's internal documentation. The collected data may be shared with *Centro de Educação e Interpretação Ambiental* (CEIA) and to fulfill legal obligations. Any other transmission will be dependent on the express consent of the holder.

_____, _____ April 2025

The Parent/Legal Guardian

A scanned version of the filled form (in pdf format) must be included in the candidate's application form. The original (paper) form must be sent not later than May 16 by ordinary mail to:

ASTROCAMP 2025
Centro de Astrofísica da Universidade do Porto
Rua das Estrelas
4150-762 Porto
Portugal