

Application Brain Boost Camp

Coding & Financial Literacy

5–9 October 2026

Zürich · CHF 699 all-inclusive

5
days
all-inclusive

PAGE 1 OF 2 · CHILD AND PARENT DETAILS

1 Child's details

FIRST NAME

LAST NAME

DATE OF BIRTH (DD.MM.YYYY)

AGE

SCHOOL / GRADE (OPTIONAL)

2 Parent / guardian — billing address

FIRST NAME

LAST NAME

STREET & HOUSE NUMBER

POSTCODE / CITY

PHONE

EMAIL

3 Emergency contact if different from above

NAME

RELATIONSHIP TO CHILD

PHONE

EMAIL

4 Authorized pick-up people in addition to the parents/guardians

PERSON 1 — NAME & PHONE

PERSON 2 — NAME & PHONE

Address Sent with your booking confirmation

Telephone 044 811 11 88

[swissnewera.com](https://www.swissnewera.com)

Getting here Five minutes on foot from the S-Bahn, tram stop two minutes away

Email info@swissnewera.com



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PAGE 2 OF 2 · HEALTH, CONSENT AND SIGNATURE

5 Health information

ALLERGIES / INTOLERANCES (E.G. FOOD)

MEDICATION / SPECIAL MEDICAL NOTES

OTHER REMARKS (E.G. NEEDS, SPECIAL CONSIDERATIONS)

6 Consent

- ☐ I allow my child to take part in the outing to the SIX Museum (Wednesday).
- ☐ I agree that photos/videos of my child taken during camp (including the certificate ceremony) may be used by Swiss NewEra for internal and external communications.
- ☐ I authorize the camp team to administer first aid or arrange medical care in an emergency if I cannot be reached immediately.
- ☐ I have read and accept the general terms and conditions as well as the information in the welcome pack.

7 Payment

CHF 699

Camp price, all-inclusive

Lunch, materials & museum admission included.

PREFERRED PAYMENT METHOD

- ☐ Invoice ☐ TWINT ☐ Credit card ☐ Bank transfer

8 Signature

By signing, I confirm that the information above is correct and register my child for Brain Boost Camp on a binding basis.

PLACE

DATE

SIGNATURE OF PARENT/GUARDIAN

What happens next Please email the completed form to info@swissnewera.com or bring a printed copy on the first camp day. For questions, reach us by phone at **044 811 11 88**.

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