



REGISTRATION - YOUTH GATHERING 2018 LUXEMBOURG



APPLICANT'S NAME	LAST NAME	FIRST NAME	MIDDLE NAME:
ADDRESS	STREET APT.		CITY: STATE: ZIP CODE:
TELEPHONE	HOME	BUSINESS	E-MAIL ADDRESS
FAMILY INFORMATION	PARENT'S NAMES:		APPLICANT'S DATE OF BIRTH: APPLICANT'S AGE:
Group leader	Contact number for group leader		
HEALTH INFORMATION	<p>1. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING HEALTH PROBLEMS? -----ALLERGIES -----EPILEPSY -----INSOMNIA -----ASTHMA -----HEADACHES -----RESTRICTED DIET -----EMOTIONAL, MENTAL, PSYCHOLOGICAL: <i>(Please describe)</i> </p> <p>-----BLOOD PRESSURE -----HEART TROUBLE -----OTHER -----DIABETES -----INDIGESTION</p> <p>2. DOES THE APPLICANT TAKE MEDICATIONS REGULARLY? (Please circle): YES NO</p> <p>IF YES, PLEASE LIST THEM AND ANY RESTRICTIONS ON ACTIVITIES ON A SEPARATE SHEET. (Every applicant is responsible for their own medication)</p> <p>3. FOR MINORS, DOES THE APPLICANT HAVE PERMISSION OF PARENT OR LEGAL GUARDIAN TO TAKE PART IN SPORT ACTIVITIES: (Please circle): YES NO</p>		
IN CASE OF EMERGENCY	<p>IN CASE OF EMERGENCY (regardless of applicant's age), CONTACT THE FOLLOWING PERSON WHO WILL BE AVAILABLE DURING THE TIME OF TRIP: NAME: ----- ADDRESS:----- TELEPHONES: HOME WORK</p>		
PAYMENTS	<p>A free gift is appreciated. Attention to: Dienaressen van de Heer IBAN: NL82ABNA0437973581</p>		
<p>I have read the code of behavior and agree to fulfill it. In case of not following the rules, the parents assume all responsibility for damages and/or transportation expenses to have the youth return home before the end of the gathering.</p>			
SIGNATURE PARTICIPANT		PARENT/GUARDIAN SIGNATURE	