



## REGISTRATION - YOUTH GATHERING 2018 LUXEMBOURG



<b>APPLICANT'S NAME</b>	LAST NAME	FIRST NAME	MIDDLE NAME:
<b>ADDRESS</b>	STREET APT.		CITY: STATE: ZIP CODE:
<b>TELEPHONE</b>	HOME	BUSINESS	E-MAIL ADDRESS
<b>FAMILY INFORMATION</b>	PARENT'S NAMES:		APPLICANT'S DATE OF BIRTH: APPLICANT'S AGE:
<b>Group leader</b>	Contact number for group leader		
<b>HEALTH INFORMATION</b>	<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>          .....          -----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>		
<b>IN CASE OF EMERGENCY</b>	<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>		
<b>PAYMENTS</b>	<p><b>A free gift is appreciated. Attention to: Dienaressen van de Heer</b>  <b>IBAN: NL82ABNA0437973581</b></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>			
<b>SIGNATURE PARTICIPANT</b>		<b>PARENT/GUARDIAN SIGNATURE</b>	