**Participant Information**

First name/Last name ……………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………….

City : ………………………………………….. zip code ……………… Country …………………………….

Gender: M / F *(please circle)* Date of birth: (*dd/mm/yy)* ………./………./……….

National/International license …………………………………………………………………………………

**Parent/Legal Guardian Information**

First name/Last name ……………………………………………………………………………………………….

Address: …………………………………………………………………………………………………………………….

City : ………………………………………….. zip code ……………… Country …………………………….

Phone nr …………………………………………………………Email ……………………………………………….

**Emergency Information**

First name/Last name: ……………………………………………………………………………………………..

Relationship:…………………… Phone nr ………………………….. Alt Phone nr…………………..

**Medical Information**

Blood group: ………………

Does the participant have any allergies, chronic illness, or medical conditions? If yes, please describe:

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

Please list any regular medications required and include dosage:

……………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………..

**Other relevant Information**

* Date last tetanus vaccination ……………………………………………………………………….
* Valid Medicare coverage abroad ……………………………………………………………………

**Informed Consent and Acknowledgement**

In case of injury to said child, I hereby waive all claims against the organizers - including all coaches and affiliates, all participants and, if applicable, owners and lessors of premises used to conduct the event.

**Medical Release & Authorization**

As Parent and/or Legal Guardian of the named child/participant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency.

This authorization is granted only after a reasonable effort has been made to reach me.

Release authorized for the duration of the camp.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances.

Signed by (name) …………………………………………… Place………………………………

Signature

+++++++++ ++++++++++++++++ ++++++++++++

**Registration and Payment**

Youth Camp application for participation will only be considered confirmed after receipt of payment in full of EUR 395 – **latest July 15th, 2015.**

Bank details : BELFIUS – TC SKI AID

 IBAN BE45 0836 7017 1989

 BIC code : GKCCBEBB

 Reference : Name /Country of residence/Eguzon Youth Camp 2015