



Date:
Country:
Organization:

Registration form of the EUDY Junior Camp 2018

Country: _____

Before you register, please you need to get data:

Organization:

- Your organization name, address, ID number organization + VAT number (if you have) for invoice, contact your organization

Leader and participants:

- Name, surname, address, date of birth, size of t-shirt, special needs (diet and health)
- Scan ID or passport of leader and participants and Photo of every leader and participants (passport format)
- If you are from a country who are allowed to send 2 or 3 participants, PLEASE apply with FOUR participants. After the deadline of **15 April 2018**, we will inform you if the other participants can join
- Please write the form only in **digital form**, we do not allow handwriting, because we will not understand it

Please send documents: **“PDF form without signature” (for the database) + “scanning form with signature” or “only one PDF form with electronic signature” + “pictures scan ID / Passport” + “photos”** all in one e-mail with subject: **“YOUR COUNTRY” - Registration ...**

If you fill out all of this form and we will confirm that everything is ok then we will send you an invoice and pay for it. **Please do not pay without an invoice.** If there is something missing and disparate, please let us know.

NATIONAL ORGANIZATION INFORMATION

Please fill out your organization data which it will be attended by your leader and juniors at EUDY Junior Camp 2018

Name organization:	_____	Address:	_____
ID number organ.:	_____	VAT number:	_____
Full name:	_____	Position:	_____
Mobil:	_____	Email:	_____

I am agreed:

*Slovak Law Under Act no. 122/2013 Z.z. on the Protection of Personal Data as amended, I agree to the management, processing and storage of personal data contained in this application of the Slovak Association of Club the Deaf Youth (YNAD Slovakia) to the extent necessary for the processing of data:
for the purpose of administering the database SAKMN (YNAD Slovakia),
for the purpose of providing services and activities to the camp,
for the purpose of providing a hospital, police and emergency.
Personal data will not be provided or made available to third parties.*

I take note that I have handed over all responsibility to leader for the juniors at the EUDY Junior Camp 2018.

The signature:

Date: _____ City: _____

1 **Deadline – 15 April, 2018, please send all the documents in one with subject “YOUR COUNTRY – Registration...” on the e-mail at eudyjrcamp2018@gmail.com**
We look forward to seeing you soon! Thank you!

PERSONAL INFORMATION, LEADER

Information about the leader selected by your organization who will be responsible for the juniors to the EUDY Junior Camp 2018.

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

Special needs (it belongs to all participants):

Special needs for your special meal and medicine, which exception than normally.

Food information (it belongs to all participants):

We need information from you as you eat, without meat for reason or religion, for cultural reasons and so on, if you do not require special needs for food, in fact, you have or have forgotten to enter the camp then we will not be able to adapt you.

Medical information (it belongs to all participants):

We will not be responsible for any medical emergencies - We are not responsible for the medicines. You have to bring the medicines yourself and you are responsible to take them. We need to have enough information about your health if there is anything in the camp that needs to be informed about what you have in allergy and what you can and cannot do.

PERSONAL INFORMATION, 1. PARTICIPANT

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

PERSONAL INFORMATION, 2. PARTICIPANT

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

PERSONAL INFORMATION, 3. PARTICIPANT

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

PERSONAL INFORMATION, 4. PARTICIPANT

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

PERSONAL INFORMATION, 1. RESERVE PARTICIPANT

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____

PERSONAL INFORMATION, 2. RESERVE PARTICIPANT

First name:	_____	Second name:	_____
Last name:	_____	Gender:	_____
Date of birth:	_____	Address:	_____
Email:	_____	Mobil:	_____
ID or Passport:	_____	T-shirt size:	_____
Do you have special diets?	<input type="checkbox"/> No <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Gluten-free <input type="checkbox"/> No pork <input type="checkbox"/> Other: _____	What are you some trouble and medicine?	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____