



Personal Application form



Address:

FirstName: _____

Surname: _____

Street _____

Zip code _____ City _____

Country _____

Please inform in case of emergency:

First Name _____

Surname _____

Telephone _____

Cellphone _____

E-Mail _____

Date of birth _____

Gender: Male Female

Food: **Normal**
 Vegetarian
 Gluten free
 Lactose free
 Diet free from Soybeans, egg, nuts, milk, gluten and mustard

Food: Just one possibility is possible. The type of food cannot be changed during the Camp and has to be taken the whole duration of the camp.

Age (on 31.07.2016)

0-5 years
 6-8 years
 Participants 9- 17years
 Leaders 18 years +

Outpost number _____ Team _____

Permission to swim
 Yes NO

T-Shirt

<i>Kids</i>	<i>Adultes</i>	<i>Ladies(Girlies)</i>
<input type="checkbox"/> (110-116)	<input type="checkbox"/> S	<input type="checkbox"/> S
<input type="checkbox"/> (122-128)	<input type="checkbox"/> M	<input type="checkbox"/> M
<input type="checkbox"/> (134-140)	<input type="checkbox"/> L	<input type="checkbox"/> L
<input type="checkbox"/> (146-152)	<input type="checkbox"/> XL	<input type="checkbox"/> XL
<input type="checkbox"/> (158-164)	<input type="checkbox"/> XXL	<input type="checkbox"/> XXL
	<input type="checkbox"/> 3XL	

Health

During the entire time of the camp a medical team is available for medical care. All small injuries will be treated at the outpost, severe injuries at the central medical service tent. Please take a proof of your health insurance with you, this should include the guarantee of repatriation home in severe cases.

Allergies : _____

Food intolerances _____

Health restrictions and conditions _____

Last tetanus vaccination (date) _____ Regular medications _____

Herewith I sign up for Eurocamp 2016.

With the signature of the participant (18 years+) or the legal representative I/ we agree

- with the storage of my data for Eurocamp purposes. The data will not be handed on to a third party.
- with the publication of photographic or audio material and video material taken of me or my child during the Eurocamp to be used in print-, video- and online media of Royal Rangers Europe.
- that I / my child will follow the Eurocamp rules.
- that doctors are allowed to give medical treatment to my child, if an urgent therapy is necessary.

Signature participant _____ Date _____

Signature of parents for underage person _____