

Year / Country / MD / District / Number: / / / MD / Distr /

Applicants YCE Students from: *Insert your country name*

LIONS CLUBS INTERNATIONAL
Youth Camp And Exchange
APPLICATION & INDEMNITY FORM




Instructions: The Applicant, his/her parents, and the responsible Lions shall complete all appropriate sections of this form.
 Compulsory attachments to this application are: 1 pass photo in jpg, a letter to "Dear Host Family", one or more "family photographs", a copy of the applicant's passport or identity card (ID) or CNI or an equivalent identification document as required for the applied countries, scan of visa if any, a scan of your European Health Insurance Card (EHIC) for applicants out of Europe a similar insurance card and a scan of 3rd page of this AF with all 5 signatures.

Do not insert a photo in this cell. We need in attachment a passport photograph head to shoulder in jpg

This form must first be completed and forwarded electronically.
In accordance with the provisions of the General Data Protection Regulation (GDPR), by signing this form you agree that:

- Prior to disclosing any personal data all Lions and appointed Agents will enter into a confidentiality agreement protecting the Applicants' data.
- All personal data of the Youth Exchange Applicants contained within these forms will only be disclosed to and shared among those Lions and appointed Agents who are entitled to manage the Youth Exchange Program, and only to such extent that disclosing such information is essential to carry out duties and responsibilities connected to the implementation of the Youth Exchange Program.
- All personal information pertaining to the Applicants will be erased upon the completion of the Youth Exchange Programs, except in countries where local regulations state that they must be retained for a certain period of time. After this time has passed, Lions will ensure that all deferred personal data of the Applicants will then be erased."

I. PREFERRED YOUTH CAMP AND EXCHANGE ALTERNATIVES

Possible dates for exchange	From:	To:	
1st Country (& Camp) preference		Camp	
2nd Country (& Camp) preference		Camp	
3rd Country (& Camp) preference		Camp	
Final destination (only for YCEC!)		Family & camp	Family only

IMPORTANT !! Make sure when you fill in your choices 1, 2 and 3, dates of camp AND homestay match with dates you are available. Also check you have the correct age.

II. APPLICANT'S BASIC DATA; (if not available for the moment: mention "in request" or mention "NO")

Family Name:				First Name:			
Male (M) or Female (F)		Date of birth (dd-mm-yyyy):					
Street address:							
Postal code:		Town:		State:			
Country:		E-mail:					
Phone(home):		Mobile:					
Nationality:		Passport/ID/CNI Nr.					
Passport/ID/CNI: valid until		Passport/ID/CNI: place of issue:					
Have you previously participated in a Lions Youth Exchange Program? (X)		Yes		No			
If yes, where and when?							
Hobbies & Other interests:							
Knowledge of English:(X)	Good		Fair		None		T-shirt size (S, M, L, XL, XXL):
Other languages spoken:							
Field of study:							
Career objective:							
Religion:		Are you a LEO ? (X)	Yes		No		

III. APPLICANT'S ADDITIONAL DATA (as applicable and available; if not available for the moment: mention "in request" or mention "NO")

Additional Health, Medical, Dietary and Insurance Data									
State of health, in general:									
Capable to participate in sport activities ? (yes/no)					Can you swim (yes/no)				
Do you smoke?		Vegetarian?		Blood group (optional)			Height in cm		
Disability if any:									
Special medication:									
Medical/Religious/Other dietary requirements:									
Allergies, if yes, specify:									
Health Insurance Company:				Policy no:					
Liability Insurance Company:				Policy no:					
Any other point to be noticed:									
"Family Doctor", if you have one:			Name:						
E-mail:			Phone:						

IV. APPLICANT'S FAMILY DATA / Information if we need to have contact with the family

Name of parent or guardian responsible for the applicant and who is signing this form				Lion: Yes/no			
Do you agree to be host family		Yes	No				
Contact address							
Contact Phone:				Contact Mobile phone:			
Contact in case of emergency:		e-mail		Mob. Phone			

V. RESPONSIBLE LIONS CLUB DATA

Lions Club:		District:	
Club Chairperson:		Phone:	
E-mail:		Fax:	
Address:			
Basis of financing of the exchange: By applicant: <input type="checkbox"/> By family: <input type="checkbox"/> By sponsor club: <input type="checkbox"/> Others: <input type="checkbox"/>			
With the affixed signature I certify that applicant is qualified to participate in the Lions International Youth Camp and Exchange Program, and that he/she and the family have been fully informed of the program's regulations and objectives.			

VI. LIONS MULTI DISTRICT OR DISTRICT DATA

District YCE Chairperson:		District:	
E-mail:		Phone:	
Mobile:		Fax:	
Address:			

VII. AUTHORIZED YCE CHAIRPERSON RESPONSIBLE FOR THIS FORM

Name:		District:	
E-mail:		Fax:	
Primary Phone:		Mobile:	
Address:			

VIII. AGREEMENT AND COMMITMENT BY APPLICANT (Please read carefully)

If accepted to participate in the Lions International Youth Camp and Exchange Program, I will abide by its policies and procedures. I fully understand that extended personal travel or leaves during the program are not permitted, even to visit close friends or relatives, unless written permission is included with this application. I understand that my participation in the program is not for the purpose of tourism, formal education or employment, and that I will not be allowed to operate a motor vehicle during my visit in the host country. Any serious violation of the program's policies and regulations on my part can, at the discretion of the YCE-chairperson, result in the immediate termination of my visit at my expense.

I have been briefed by the Lions about the YCE program and I have carefully read all instructions and terms in this form. With the affixed signature I fully commit to participate in the YCE program which I might be accepted to. Furthermore I certify I am sufficiently insured to cover any and all contingencies, including repatriate, accident, medical, personal effects and personal liability during the entire duration of my travel and visit in the accepted country.

IX. INDEMNITY AGREEMENT BY PARENT OR GUARDIAN

With the affixed signature, I / We the parent(s) / guardian(s) give permission for my/our son/daughter/ward to travel and remain at an approved place for a specified period living in a Lions or Lions approved home or Lions camp. I/We agree to relieve any Lions member or host family, Lions Club, Lions District or Lions International of any financial or other responsibility in the case of his/her illness, death, legal or moral irresponsibility, and to indemnify them in respect of any

I / We also agree that the boy / girl will not be permitted to drive a motor vehicle while away under this Youth Exchange Program. The boy / girl will return to his/her home at the completion of the exchange, unless I / We send written permission and financial means and designate where else the boy / girl is to go. In such instances the Lions supervision will cease when the boy/girl leaves the host of the Lions or the Lions camp. I / We furthermore agree that the rules of the program will be complied with by us. In the case of violation of the rules, I/We understand that my/our boy/girl will be returned to his/her home at my/our expense. I / We the parent(s) / guardian(s) give legal consent for the Lions hosting our youth to give him/her any immediate medical treatment, including surgical emergencies, as prescribed by a fully qualified doctor, when time does not permit the obtaining of consent by me/us. Furthermore I certify that the applicant will be sufficiently insured to cover any and all contingencies, including repatriate, accident, medical, personal effects and personal liability during the entire duration

X. SIGNATURES

Applicant name		Date:	
signature			
Parent / Guardian name		Date:	
signature			
Club representative name	/	Date:	
signature			
MD or D YCE name		Date:	
signature			
Auth YCE chairperson		Date:	
signature			
Year / Country / MD / District / Number: / / / MD Distr /			

XI. ALL OTHER INFORMATION

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