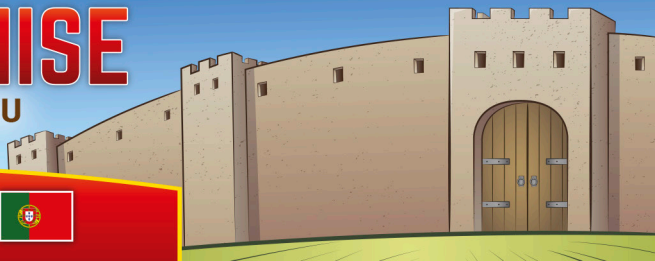




GOD'S PROMISE

ALWAYS WITH YOU



EUD PATHFINDER CAMPOREE 2019

NON-EUD APPLICATION FORM

From Jul 29 to Aug 4, 2019 ■ Registration deadline: **Wednesday, May 29, 2019**

ATTENDEE DETAILS	First Name	Surname	<div>Picture of participant</div>
	Address		
	ZIP code	City, Province	
	Country	Mobile Phone	
	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Division/Union	
	Birthdate (dd/mm/yyyy)	Age at Camporee	
	Email	Nationality	
	Couple: Name of Spouse		
	<input type="checkbox"/> I need a VISA for Portugal <input type="checkbox"/> I do not need a VISA for Portugal		
	Function <input type="checkbox"/> Pathfinder <input type="checkbox"/> Club Leader/Country Staff <input type="checkbox"/> Staff Children		
T-Shirt Boy Size <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
T-Shirt Girl Size <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL			
TRANSLATION. Camporee languages will be Portuguese & English.			
<input type="checkbox"/> No translation needed <input type="checkbox"/> I need translation in _____			

GUEST DELEGATION	All Non-EUD Applicants must be part of a Division, Union or Conference delegation.
	All Non-EUD Applications have to be sent to the EUD Youth Ministries Department. EUD will contact your Union/Conference Youth dep. so that your application will be recommended by your field's Youth dep. ONLY after that, your application will be validated.
	Please, verify your VISA requirements to avoid problems with customs. Make sure you have a valid travel insurance .
	I am part of the following Guest Delegation:
	Delegation _____ First Name and Surname of your Delegation Leader _____

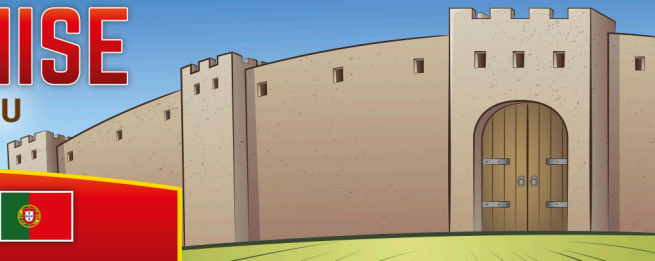
INSURANCE	All participants must be covered by insurance. Please tick to indicate your consent.
	<input type="checkbox"/> I understand that it is the responsibility of the participants to arrange the necessary Health and Travel Insurance
	<input type="checkbox"/> I will present copies of my Insurance documentation to my Division/Union/Conference Leader
	<input type="checkbox"/> I have an EHIC (European Health Insurance Card) – European participants only

PARENTS / LEGAL GUARDIAN	I give permission for my child to attend this event and to take part in the activities arranged, unless specified. I agree to notify the leaders should there be any change to the information given.	
	Name and surname of the father/guardian (if applicant is under 18) _____	
	Name and surname of the mother (if applicant is under 18) _____	
	Father/Guardian Mobile Phone _____	Mother Mobile Phone _____
	Email _____	Home Phone _____
	Date (dd/mm/yyyy)	Father/Legal Guardian Signature _____ Mother Signature _____



GOD'S PROMISE

ALWAYS WITH YOU



First Name and Surname

ACTIVITY CONSENT

To be completed by the parent/guardian if the attendee is less than 18 years of age.

Is your child safety conscious in water? ☐ Yes ☐ No Is your child water competent in a pool? ☐ Yes ☐ No
Is your child able to swim 50 metres? ☐ Yes ☐ No Is your child competent in open waters? ☐ Yes ☐ No

All activities will be listed on the Camporee website: eudcamporee.org in Spring 2019

If you do not want your child to take part in certain activities, please put this in writing to your Union/Conference leader.

REGISTRATION CONSENT

I confirm that all the information provided in this form is correct. To be signed by applicants 18 years of age and above.

The EUD Youth Ministries Department collects and processes information on all people who attend our events. This information is collected on the basis of consent and is used for the essential purposes of running the event, which may include: sending reminders, recording attendance, confirming the payment of fees, ensuring safeguarding, and providing additional services, including pastoral support. Personal information collected for a specific event will be retained for up to five years and may be used to promote future events.

Individuals have the right to ask to see any information held about them by the EUD Youth Ministries department by submitting a 'Subject Access Request' to the secretary. They have the right to ask for information which they believe to be incorrect to be rectified, and, in some circumstances to have all of their information removed.

I agree to support all activities and to respect the philosophy of the Seventh-day Adventist Church whilst attending this event.

My response:

- ☐ I agree to the statements above and consent appropriately.
- ☐ I do not agree to the statements above and do not give my permission (note that we will not be able to process your application if you choose this option).
- ☐ I understand that the **Camporee Fee is 120€**. This applies to Guest Participants as well as Guest Leaders. The EUD will charge through the respective SDA church channel. I will return to my country at the end of the Camporee.
- ☐ **I authorize the use of photographs and videos** in which I appear for graphic material, audiovisual, social networks and the website, if any, of the Inter-European Division.

Compliance to the GDPR is required.

Signature

Date (dd/mm/yyyy)

UNION or CONFERENCE only

Union / Conference name

Youth Director name

☐ I recommend the above person for Camporee attendance.

Date (dd/mm/yyyy) Signature

SEND THIS APPLICATION FORM TO: youth@eud.adventist.org

Registration deadline: **Wednesday, May 29, 2019**



MEDICAL INFORMATION

First Name and Surname	Emergency Phone
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ALLERGIES	<input type="checkbox"/> Has no known intolerant allergy	<input type="checkbox"/> Intolerant _____
	He/She is allergic to: <input type="checkbox"/> Medicines	Specify _____
	<input type="checkbox"/> Food	Specify _____
	<input type="checkbox"/> Pollen, plants or animals	Specify _____
	Other allergies: _____	

DIET	<input type="checkbox"/> Follow a normal diet	<input type="checkbox"/> Have food restrictions	<input type="checkbox"/> Type of diet _____
	Special dietary guidelines (only if it is needed): _____		

CHRONIC DISEASE	<input type="checkbox"/> Does not have any chronic disease	<input type="checkbox"/> Medical background _____	
	Suffer (mark the necessary options)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Nosebleeds
		<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Celiac
		<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Diabetes
		<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hyperactivity ADHD
		<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Somnambulism
		<input type="checkbox"/> Bed-wetting	
		<input type="checkbox"/> Other _____	
	Indicate the treatment in case of crisis of any of these diseases (attach medical report)		

VACCINATIONS AND OTHERS	Medication during the Camporee	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	What for? _____				
	What medication? _____				
	What is the dosage? _____				
	Please give name of drug and dosage details. Any medicines required during the trip should be clearly labelled with the name and exact dosage details and should be handed to the leader (if under 18).				

	Are you fully vaccinated? (only if absolutely certain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Do you have a tetanus vaccination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date (dd/mm/yyyy) _____	
Hair check pediculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pediculosis treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If it becomes necessary for your child to receive medical treatment and you cannot be contacted by telephone or any other means to authorise this, please sign below to indicate your consent for any necessary medical treatment and authorise the event leader (or in their absence one of the assistant leaders) to sign any document required by the hospital authorities.

Date (dd/mm/yyyy)

Signature