



# Personal Application form



## Address:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Street \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

## Please inform in case of emergency:

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Telephone \_\_\_\_\_

Cellphone \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender:  Male  Female

Food:  **Standard**  
 Vegetarian  
 Gluten free  
 Lactose free

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 \_\_\_\_\_

Family Camp

Permission to swim  
 Yes  NO

### T-Shirt

Kids	Adultes	Ladies (Girllies)
<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. Minor injuries or illnesses will be treated by a first-aidler of the outpost. More serious injuries or illnesses will be treated at the central medical service tent or referred to a local hospital. Please bring a proof of your health care insurance with you. The insurance needs to provide coverage for repatriation home in severe cases.

Allergies \_\_\_\_\_

Food intolerances \_\_\_\_\_

Health restrictions and conditions \_\_\_\_\_

Last tetanus vaccination (date) \_\_\_\_\_ Regular medications \_\_\_\_\_

Herewith I sign up for Eurocamp 2020.

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. You read and agree our privacy policy: <https://royalrangerseurocamp.net/index.php/privacy-policy/>
- 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 health care specialists (such as nurses, paramedics, trained first-aiders, doctors) are allowed to provide urgent medical treatment to my child if necessary.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of parents for underage person \_\_\_\_\_