



Application for the 2nd WFDYS Children Camp

1 - 8 August 2010

Margarita Island, Venezuela



CAMPER (CHILDREN: 10 – 12 YEARS OLD ONLY)

LEADER (YOUTH: 21 – 30 YEARS OLD ONLY)

Name (FIRST AND SURNAME): _____

Street address: _____

Postal Code: _____ City: _____ Country: _____

Date of Birth: (dd/mm/yyyy) Gender: Female Male

E-mail address: _____

SMS number (incl. Country code): _____

T-shirt-size (pick one) S M L XL

How did you first find out about the Children Camp? Please check one:

School _____ Parent _____ Website _____ Other (please specify) _____

MEDICAL & SPECIAL REQUESTS:

No special Lactose-free Gluten-free

Diabetic Vegetarian

Other, please specify what? _____

Any food allergies? Please list: _____

Medication or any other important things we should be aware of for the applicant's participation in camp? Please be specific:

EMERGENCY CONTACT:

In a case of emergency, who can we contact (name, e-mail address and sms number):

Parent/Guardian

(FIRST AND SURNAME): _____

Street address: _____

Postal Code: _____ City: _____ Country: _____

Home Phone: (_____) _____ (_____) _____

Work Phone: (_____) _____ Cell phone: (_____) _____

Fax: (_____) _____ (Home or office)

E-mail Address:

Text/SMS:

AGREEMENT OF THIS APPLICATION

For children, parent/guardian sign here:

Date and place

Print Name

Parent/Guardian Signature

For leaders, sign here:

Date and place

Print Name

Leader Signature

Date and place

Print Name

Association President/Executive Director Signature

I am responsible for my travel insurance and medical insurance. I understand and accept the local law in Venezuela and the camp rules. I understand that my Deaf Youth Association/Deaf Association will screen and select the applicants who will go and represent my country at the 2nd WFDYS Children Camp.

With my signature, I hand in my application to my Deaf Youth Association/Deaf Association. [For Children, parents/guardian signature will be accepted.]