



**Lions International
Youth Camp & Exchange
PARTICIPANT APPLICATION
FORM**



PHOTO
(required only when hard
copy submitted)

Instructions: The applicant, his/her parents/guardian, and sponsor Lions must complete all appropriate sections of this form.

This form must first be completed and forwarded electronically. Signed paper copies with required attachments must be forwarded separately, as advised.

Required attachments: 4 photographs of applicant; 1 photograph of applicant's family; introductory letter to host family; indemnity agreement; copy of the applicant's passport or an equivalent identification document, as required. (For privacy reasons data will only be used for Youth Camp & Exchange purposes and will not be disclosed outside of the program without prior consent.)

I. DESTINATION PREFERENCES

Preferred dates for exchange	From:		To:	
1st Country (& Camp) preference				
2nd Country (& Camp) preference				
3rd Country (& Camp) preference				
The Applicant prefers (X):	Exchange (family stay) and Camp		Exchange (family stay) only	

II. APPLICANT'S PERSONAL DATA

Family Name:				First Name:			
Male (M) or Female (F)		Date of birth (dd.mm.yyyy):					
Street address:							
Postal code:		City:		State/province:			
Country:		E-mail:					
Phone(home):				Mobile:			
Have you previously participated in a Lions Youth Camp & Exchange Program?						Yes	No
If yes, where and when?							
Hobbies & other interests:							
Nationality:				Passport No:			
Primary language:				Religion (optional):			
Knowledge of English:	Good	Fair	None	Do you smoke?	Yes	No	
Other languages spoken:							

Applicant's Health, Medical and Dietary Data

Are you able to participate in sports?							
Current medications/prescriptions/pre-existing conditions:							
Blood type (optional):		Allergies:					
Medical/Religious/Other dietary requirements:		vegetarian, eat fish					
Family Doctor, if applicable:		Name:					
E-mail:				Phone:			

APPLICANT AGREEMENT TO PROGRAM TERMS

If accepted to participate, I agree to abide by the policies of the Lions Youth Camp and Exchange Program. I understand that unauthorized extended personal travel or leaves of absences during the program are prohibited and that my participation is not for tourism, formal education or employment. I will not operate a motor vehicle during my stay in the host country. Any serious violation of the program's policies on my part can, at the discretion of the host Lions officer, result in immediate termination of my visit at my expense.

SIGNATURE OF APPLICANT:	DATE:
PRINT NAME:	

III. APPLICANT'S FAMILY DATA

Father/guardian's name:							
Father/guardian's occupation:				Lions member	Yes		No
Street address:							
Postal code:		City:		State/province:			
Country:		E-mail:					
Phone(home):		Mobile:					
Mother/guardian's name:							
Mother/guardian's occupation:				Lions member	Yes		No
Postal code:		City:		State/province:			
Country:		E-mail:					
Phone (home):		Mobile:					

Applicant must obtain traveler's insurance for the duration of the camp/exchange, covering medical care, property loss, trip cancellation and repatriation.

Travelers insurance:		Other insurance, if applicable:	
Company name:		Company name:	
Policy Number:		Policy Number:	
Telephone:		Telephone:	
Address:		Address:	
		Type of insurance:	

Emergency Medical Treatment Authorization

In case of emergency, I authorize Lions officials or the host family to provide my child with any necessary medical treatment prescribed by a doctor. I understand that any expenses not covered by insurance for such medical treatment will be my responsibility.

SIGNATURE OF PARENT/GUARDIAN:	DATE:
PRINT NAME:	

Indemnity Agreement (to be attached to application)

The applicant's parents/guardian must sign a statement releasing any Lions club member and Lions Clubs International from liability. The sponsor Lions should have this statement prepared by a local attorney. (Sample language is available on the Lions Web site.)

IV. SPONSOR LIONS CLUB ENDORSEMENT

Lions club name:				District:	
Lions club president:					
City:			State/province:		
Country:				Phone:	
E-mail					
I certify the applicant is qualified to participate in the Lions Youth Camp & Exchange Program, and that he/she and the applicant's parents/guardian have been fully informed of the program's regulations and objectives. Furthermore, I certify that the applicant will be fully insured to cover any and all contingencies, including repatriation, accidents, medical expenses, personal effects and personal liability during the entire duration of the applicant's travel and visit in the accepted country.					
SIGNATURE:			DATE:		
PRINT NAME:					
Source of financing the exchange:	Applicant:		Family:		Sponsor club:
Other:					

V. DISTRICT YOUTH CAMP & EXCHANGE CHAIRPERSON ENDORSEMENT

Name:					
Street address:					
Postal code:			City:		
Country:			E-mail:		
Phone(home):			Mobile:		
SIGNATURE:			DATE:		
PRINT NAME:					

VI. MULTIPLE DISTRICT YOUTH CAMP & EXCHANGE CHAIRPERSON ENDORSEMENT

Name:					
Street address:					
Street address:			City:		
Postal code:			E-mail:		
Country:					
Phone(home):			Mobile:		
SIGNATURE:			DATE:		
PRINT NAME:					

VII. OTHER ENDORSEMENTS AS REQUIRED (District Governor/Council Chairperson/Club President)

Name:					
Street address:					
Postal code:			City:		
Country:			E-mail:		
Phone(home):			Mobile:		
Title:					
SIGNATURE:			DATE:		
PRINT NAME:					

VII. SPECIAL REQUIREMENTS/ OTHER INFORMATION

