



2024 YOUTH CAMP FORM FOR PARTICIPANT

19 - 25 AUGUST, 2024 - HUNGARY - TATA

Name participant : _____	Date of birth: _____
Surname participant: _____	Age: _____
Address: _____	Mobile contact: _____
City: _____	Code: _____
Name (Father or Mother) _____	Contact number: _____
Surname(Father or Mother): _____	Email: _____

INFORMATION WE SHOULD KNOW

#	ALLERGY	MEDICATION TREATMENT
#		
#	INTOLERANCES	OBSERVATIONS
#	YES:___ NO:___	
#	HEARTS PROBLEMS	MEDICATION TRAEIMENT
#	YES:___ NO:___	
#	SOMETHING TO ADD	OBSERVATIONS
#	YES:___ NO:___	

Attach the treatment to be followed along with the medical insurance.

KINDS OF FOOD (Only fill in the box if you think we should know, otherwise there is no need to fill in)

VEGETARIAN OR VEGAN :

GLUTEN FREE : YES. NO.

OTHER :

YOUTH CAMP PRICE : 300 €

- The price is both for the young people and the leader who accompanies them.
- The price covers accommodation, meals, technical training, sport activities, workshops and airport-accommodation transfer and vice versa.

HOW TO REGISTER

Send the complete form along with the documentation that appears at the end of the sheet to the email rodda.dcl@gmail.com

REGISTRATION DEADLINE : JUNE 20th, 2024

PERSONAL INFORMATION : The use of personal and health data is authorized for the correct development of the youth camp. SIGNATURE.

IMAGE DISSEMINATION: I authorize the DCL organization to upload images of my son or daughter on social networks as well as on the DCL website for informational purposes with the aim of promoting sport in the Deaf Community. SIGNATURE

MANDATORY DOCUMENTATION - mark with an x inside (.)

Health insurance

(.)

Document in case of following medication

(.)

Flight information

(.)

Receipt of payment

(.)

Any changes to the call sheet will be communicated to the respective parties in a timely manner. Thank you for your cooperation and we look forward to a successful sport camp!

