

# Registration form for Youth Exchanges of the EVEA 2018

*Atelier choice Fünfbrunnen:*

## Selection of the project week/s:

				Circus	Forest	Brook
<input type="checkbox"/> Ferienfreizeit in der Natur:	Pfingsten	20.05.-26.05.2018	7-12 Jahre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kanutour auf der Lahn:	Pfingsten	20.05.-26.05.2018	11-15 Jahre			
<input type="checkbox"/> Europareise:	London	14.07.-21.07.2018	13-16 Jahre			
<input type="checkbox"/> Rad-Medien-Tour:	Radtour	14.07.-21.07.2018	13-17 Jahre			
<input type="checkbox"/> Ferienfreizeit in der Natur:	Sommer 1	15.07.-21.07.2018	7-12 Jahre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kanutour auf der Lahn:	Kanu 1	22.07.-28.07.2018	11-15 Jahre			
<input type="checkbox"/> Ferienfreizeit in der Natur:	Sommer 2	22.07.-28.07.2018	7-12 Jahre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kanutour auf der Lahn:	Kanu 2	29.07.-04.08.2018	11-15 Jahre			
<input type="checkbox"/> Ferienfreizeit in der Natur:	Sommer 3	29.07.-04.08.2018	7-12 Jahre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kanutour auf der Lahn:	Kanu 3	05.08.-11.08.2018	11-15 Jahre			
<input type="checkbox"/> Ferienfreizeit in der Natur:	Sommer 4	05.08.-11.08.2018	7-12 Jahre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Contact details of (one) parent or guardian:

father  mother  other:

Surname:

First name:

Email:

Phone 1:

Email:

Phone 2:

Phone 3:

Street, No.:

CC-PC-City:

## Data of the participant:

Gender:  female  male

Surname:

First name:

Date of birth:

Nationality:

Insurance:

Insurance Number:

Email:

Phone:

*(if available)*

*(if available)*

## Declaration of consent of the parent or guardian:

My daughter / son / participant

is sufficiently vaccinated against tetanus:

yes  no

can swim:

yes  no

needs swimming aids:

yes  no

may be photographed during the meeting for documentation purposes:

yes  no

may participate in all program activities (including swimming and sport):

yes  no

I agree with the participation in the Youth Exchange under the current conditions of participation of the EVEA (Europäische Vereinigung für Eifel und Ardennen) (further details: [www.evea-ferienfreizeiten.lu](http://www.evea-ferienfreizeiten.lu)).

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Place, date

Signature of parent or guardian

Please send the signed application form (preferably by email - as a photo or scan) to:

by Email: [jeunesse@evea.de](mailto:jeunesse@evea.de)

per Fax: +352-2680-0876

by post: Europäische Vereinigung für Eifel und Ardennen (EVEA) – 7, Avenue de la Gare – L-9233 Diekirch

Upon receipt of the registration you will receive by email a registration confirmation with all further information. Approximately 4 weeks before the meeting, we will send you the detailed information and a health questionnaire.

