



Applicants YES Code (Year / District / Number):

2009

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	<p>LIONS CLUBS INTERNATIONAL YOUTH EXCHANGE (YCE) Multiple District APPLICATION & INDEMNITY FORM</p>		<p>PHOTO (To be attached on the final copies only)</p>
<p>Instructions: The Applicant, his/her parents, and the responsible Lions shall complete all appropriate sections of this form.</p> <p>Compulsory attachments to this application are 3 photographs self and a letter to "Dear Host Family". One or more "family photographs" and a copy of the Applicant's passport or an equivalent identification document, as required for the applied countries, are recommended.</p> <p>This form must first be completed and forwarded electronically. Duly signed paper copies with the attachments must be forwarded as advised separately.</p> <p>For privacy reasons all data can only be used for Youth Exchange purposes and will not be disclosed outside of the Youth Exchange without your consent.</p>			

I. PREFERRED YOUTH EXCHANGE ALTERNATIVES

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

II. APPLICANT'S BASIC DATA

Family Name:		First Name:	
Male (M) or Female (F)		Date of birth (dd/mm/yyyy):	
Street address:			
Postal code:		Town:	
		State:	
Country:		E-mail:	
Phone(home):		Mobile:	
Have you previously participated in a Lions Youth Exchange Program?	(X) Yes	No	
If yes, where and when?			
Hobbies & Other interests:			
Applicant's Health, Medical and Dietary Data (Add and specify in the additional data as necessary)			
Do you smoke?		Vegetarian?	
Medical/Religious/Other dietary requirements:			
Allergies, if yes, specify:			

III. AUTHORISED YCE CHAIRPERSON RESPONSIBLE FOR THIS FORM

Name:			
E-mail:		Fax:	
Primary Phone:		Mobile:	
Address:			
Applicant's destination (Country/State/(M)District):			

IV. APPLICANT'S ADDITIONAL DATA(as applicable and available)

Nationality:		Passport Nr.	
Name of Insurance Company:		Policy no:	
Knowledge of English:	Good	Fair	None
Other languages spoken:			
Field of study:			
Career objective:			
Religion:			
T-shirt size (S, M, L, XL, XXL):			
Are you a Leo	Yes	No	
Passport: valid until		Passport: place of issue	
Additional Health, Medical and Dietary Data			
State of health, in general:			
Are you capable to participate in sport activities ?			
Physical handicaps if any:			
Special medication:			
Blood group:			
Any other point to be noticed:			
"Family Doctor", if you have one:	Name:		
E-mail:		Phone:	

V. APPLICANT'S FAMILY DATA

Father or Guardian's name:		Lions member	
Father or Guardian's occupation:		Yes	No
Mother's name:		Yes	No
Mother's occupation:			
Address:			
Phone:		Mobile phone:	
E-mail:		Fax:	

VI. RESPONSIBLE LIONS CLUB DATA

Lions Club:		District:	
Club Chairperson:		Phone:	
E-mail:		Fax:	
Address:			
Basis of financing of the exchange:	By applicant:	By family:	By sponsor club: Others
<p>With the affixed signature I certify that applicant is qualified to participate in the Lions International Youth Camp and Exchange Program, and that he/she and the family 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 repatriate, accident, medical, personal effects and personal liability during the entire duration of the applicant's travel and visit in the accepted country.</p>			

VII. LIONS MULTI DISTRICT OR DISTRICT DATA

District YCE Chairperson:		District:	
E-mail:		Phone:	
Mobile:		Fax:	
Address:			

VIII. AGREEMENT AND COMMITMENT BY APPLICANT (Please read carefully)

If accepted to participate in the Lions International Youth Camp and Exchange Program, I will abide by its policies and procedures. I fully understand that extended personal travel or leaves during the program are not permitted, even to visit close friends or relatives, unless written permission is included with this application. I understand that my participation in the program is not for the purpose of tourism, formal education or employment, and that I will not be allowed to operate a motor vehicle during my visit in the host country. Any serious violation of the program's policies and regulations on my part can, at the discretion of the YCE-chairperson, result in the immediate termination of my visit at my expense.

I have been briefed by the Lions about the YCE program and I have carefully read all instructions and terms in this form. With the affixed signature I fully commit to participate in the YCE program which I might be accepted to.

IX. INDEMNITY AGREEMENT BY PARENT OR GUARDIAN

With the affixed signature. I / We the parent(s) / guardian(s) give permission for my/our son/daughter/ward to travel and remain at an approved place for a specified period living in a Lions or Lions approved home or Lions camp. I/We agree to relieve any Lions member or host family, Lions Club, Lions District or Lions International of any financial or other responsibility in the case of his/her illness, death, legal or moral irresponsibility, and to indemnify them in respect of any expenses incurred. I / We also agree that the boy / girl will not be permitted to drive a motor vehicle while away under this Youth Exchange Program. The boy / girl will return to his/her home at the completion of the exchange, unless I / We send written permission and financial means and designate where else the boy / girl is to go. In such instances the Lions supervision will cease when the boy/girl leaves the host of the Lions or the Lions camp. I / We furthermore agree that the rules of the program will be complied with by us. In the case of violation of the rules. I/We understand that my/our boy/girl will be returned to his/her home at my/our expense. I / We the parent(s) / guardian(s) give legal consent for the Lions hosting our youth to give him/her any immediate medical treatment, including surgical emergencies, as prescribed by a fully qualified doctor, when time does not permit the obtaining of consent by me/us.

X. SIGNATURES

Applicant name		Date:	
signature			
Parents / Guardians name		Date:	
signature			
Club representative name		Date:	
signature			
MD or D YCE name		Date:	
signature			
Authorised YCE chairperson		Date:	
signature			
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XI. ALL OTHER INFORMATION

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