

I. DESTINATION PREFERENCES

Preferred dates for exchange	From:		To:		
1st Country (& Camp) preference	•				
2nd Country (& Camp) preference	e				
3rd Country (& Camp) preference)				
The Applicant prefers (X): Ex	change (family	stay) and Camp	Exchan	ge (family stay) only	

II. APPLICANT'S PERSONAL DATA

Family Name:						Fi	rst Nam	e:				
Male (M) or Fe	emale (F) Date of birth (de			oirth (do	l.mm.yy	/уу):						
Street address:												
Postal code:	·		City:						State/pro	vince:		
Country:				E-n	nail:				-			
Phone(home):	e):					Mobile	:					
Have you prev	iously partici	pated	in a l	_ions \	Youth C	amp &	Exchan	ge Pr	ogram?	Yes	No	
If yes, where a	nd when?											
Hobbies & othe	er interests:											
Nationality:						Passp	ort No:					
Primary language:						Religio	on (optio	nal):				
Knowledge of	English: G	boc		Fair	N	one	Do	o you	smoke?	Yes	No	
Other language	Other languages spoken:											

Applicant's Health, Medical and Dietary Data

Are you able to participate in sports?									
Current medication	s/prescription	s/pre-e	existing						
Blood type (optional): Allergies:									
Medical/Religious/	Other dietary r	equire	ments:	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/guard	dian's	s name:											
Father/guard	dian's	s occupation:						Lions	member	Yes		No	
Street addres	Street address:												
Postal code:			City	y:					State/provin	nce:			
Country:			÷		E-mail:			Ť		Ē			
Phone(home	e):					Mobile:							
Mother/guard	dian's	s name:											
Mother/guard	dian's	s occupation:						Lions	member	Yes		No	
Postal code:			City	y:					State/provin	nce:			
Country:	Ī		Ť		E-mail:			Ţ.					
Phone (home	e):			N	lobile:								

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

Travelers insu	rance:	Other insurance, if applicable:				
Company name	:	Company na	ime:			
Policy Number:		Policy Numb	er:			
Telephone:		Telephone:				
Address:		Address:				
		Type of insu	rance:			

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	ons club president:										
City:		State/province:									
Country:					Phone:						
E-mail											
I certify the	I certify the applicant is qualified to participate in the Lions Youth Camp & Exchange Program, and that										
he/she an	d the applic	cant's parents/gua	ardian have been	fully informed of	the progra	m's re	gulation	s an	d		
objectives	. Furtherm	ore, I certify that t	he applicant will	be fully insured to	cover any	and a	II contin	geno	cies,		
including r	epatriation	, accidents, medio	cal expenses, pe	rsonal effects and	l personal	liability	y during	the	entire		
duration o	f the applic	ant's travel and vi	isit in the accepte	ed country.							
SIGNATU	RE:				DATE:						
PRINT NAME:											
Source of	financing t	he exchange:	Applicant:	Family:	Spons	sor clul	b:				
Other:											

V. DISTRICT YOUTH CAMP & EXCHANGE CHAIRPERSON ENDORSEMENT

Name:									
Street add	lress:								
Postal cod	le:		City				State/province:		
Country:			E-mai	:					
Phone(hor	me):			Mobile:					
SIGNATU	SIGNATURE: DATE:								
PRINT NA	ME:								

VI. MULTIPLE DISTRICT YOUTH CAMP & EXCHANGE CHAIRPERSON ENDORSEMENT

Name:					
Street addr	ess:				
Street addr	ess:	City			State/province:
Postal code	e:	E-mai	:		
Country:					
Phone(hom	ne):		Mobile:		
SIGNATUR	RE:			DATE:	
PRINT NAI	ME:				

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

Name:								
Street addr	ess:							
Postal code	э:		City:		State/province:			
Country:			E-mail:					
Phone(hom	ie):			Mobile:				
Title:								
SIGNATURE: DATE:								
PRINT NAM	ME:							