



REGISTRATION FORM

Euro-Mini-Jam is the first of its kind, organised by the Icelandic Boy and Girl Scout Association (BIS). It will take place at Ulfljotsvatn Scout Centre, Iceland, on 19 – 24 July 2010. The information in this form is needed to complete your registration for Euro-Mini-Jam, so fill in all the details carefully. You can find more help on how to register on the Euro-Mini-Jam website: www.eurominijam.com. This registration should be done in cooperation with your leader, who will gather all registrations and deliver them to the Euro-Mini-Jam planning team. Furthermore, all payments of the camp fee should go through your national organization.

PERSONAL DATA

Last name:	First name:
_____	_____
Date of birth (dd.mm.yyyy):	Sex:
_____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:	City:
_____	_____
Zip code/Postal code:	Country:
_____	_____
Telephone (in international form):	E-mail:
_____	_____
National Association:	I will participate as:
_____	<input type="checkbox"/> Scout/Guide <input type="checkbox"/> Leader
Knowledge of languages:	English:
Mother tongue:	<input type="checkbox"/> Good <input type="checkbox"/> Can manage <input type="checkbox"/> poor
Other:	

SPECIAL DIETS

If you need to provide the camp kitchen with more specific information on your diet and/or allergies, please send it to Euro-Mini-Jam team (eurominijam@scout.is)

Vegetarian food

Vegan food

Lactose intolerance

Milk allergy

Celiac disease

Religion-based special diet: _____

Other/allergy: _____

T-SHIRT SIZE

XS S M L XL XXL

PERSONAL HEALTH

Before and during the camp information on your personal health will be handled with confidentiality. Please fill in the correct information about your health and provide additional information if needed. If your illness or injury requires a more specific clarification, please send it to Euro-Mini-Jam team (eurominijam@scout.is).

- Diabetic
- Epileptic
- Asthma
- Heart disease, please specify _____
- Haemophilia _____
- Musculoskeletal disease _____
- Mental disturbance (current or past), please specify: _____
- Visual Impairment
- Hearing Impairment
- Mobility impairment, please specify _____
- Other illness or injury requiring constant care, please specify _____
- Regular medication, please mention the name and dosage _____

Allergies (special diets and food allergies excluded). Please mention the cause and symptoms.

- Medicine allergy, please specify _____
- Other allergies _____

EMERGENCY CONTACT INFORMATION

Name: _____

Telephone (in international form): _____

E-mail: _____

SIGNATURES

Photo and video material recorded at the camp will be used in Scout/Guide publications, brochures and on the internet as well as in other media for non profit purposes. Participant also agrees to comply with camp rules.

Date and Place:

Date and Place:

Participant

Guardian (for participants under 18 years of age)
