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Lions Clubs International Multiple District 105 (British Isles and Ireland) Youth Exchange Application, Indemnity & Health Form

Completed forms should be sent to Lions Headquarters
257 Alcester Road South, Kings Heath, Birmingham, B14 6BT

Affix passport sized
Photograph here

Please supply four passport sized photographs with this form. Each question **MUST** be fully answered. In the event there being insufficient space please continue on a separate sheet of paper, this to have your name clearly indicated on each sheet.

All applicants MUST be approved by the appropriate Multiple District Officer in the sponsoring country, applications with this section incomplete will be rejected.

Please type or print clearly using **BLACK INK** since the form will be photocopied.

Applicants Data

Family name _____ Date of Birth (dd/mm/yy) _____ Age _____

Forenames _____ Known as _____ Sex M/F

Address _____

_____ Post/Zip code _____

Phone _____ Fax _____ Email _____

Have you been abroad? Yes/No If so where? _____

Have you previously been on Lions Youth Exchange or attended a Lions Youth Centre? Yes/No

Give details _____

Which Country would you like to visit? _____

Do you wish to take part in (a) Youth Centre ____ (b) Family Hosting ____ (c) both ____

Give preferred date(s) of arrival & departure _____

(if you wish to attend a Youth Centre these dates will be those published for the start & finish of the Centre)

Hobbies & other interests _____

Present field of study or occupation _____

Career objectives _____

What language do you speak & how proficiently? _____

(1)=Fluent (2)=Good (3)=A little

Family Data

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Parent's address _____

Phone/Fax _____ Email _____

Is either a Lion? Yes/No Brothers/Sisters _____

Sponsoring Lions Club Data

Club name _____ President _____

District _____ Phone No. _____ Email _____

How was the candidate selected? _____

How is the visit to be financed? _____

Agreement by Parents or Legal Guardians

INDEMNITY

As the Parents/Guardians of _____ we give our permission for our child to travel to and remain at the Lions Multiple District 105 approved place for a period to be specified, living ('the exchange period') in a Lions or Lions approved home or Lions Youth Centre.

We agree to relieve any Lion member or host family, Lions Club, Lions District/Multiple District or Lions Clubs International of any financial or other responsibility in the case of his/her illness, death, legal or moral responsibility, and to indemnify them in respect of any claims, costs, fees charges or expenses incurred or arising as a direct result or indirect result of such an event.

We agree that our child will not be permitted to drive any motorized vehicle whilst participating in the Lions Youth Exchange Programme.

We agree that our child will return to his/her home at the completion of the exchange unless we give our written permission (and the written permission is also obtained of both the Sponsoring and hosting Lions Multiple District Officer), for our child to go to an alternative place and in which case we will provide the financial means to enable him/her to travel to such an alternative place. We note that we must seek such permissions in writing at least 6 weeks before the commencement of the exchange period. If all such permissions are obtained we accept and agree that the Lions supervision will cease when our child leaves the Lions or Lions approved home or Lions Youth Centre.

We agree that the rules of the Lions Youth Exchange programme as published from time to time by Lions Clubs International, and any regulations relating to any Youth Centre which our child might attend, will be complied with by us. In the case of a violation of the rules or regulations, we understand and accept that our child will be returned to his/her home and we agree to indemnify Lions Clubs International and any individual member, Club, District or Multiple District against any resulting costs, charges or outlays either directly or indirectly incurred.

Medical Emergency

In the case of an emergency the host family or the Lions Youth Centre officials are authorized to give our child any immediate medical attention or to authorize immediate medical treatment or surgery required by his/her condition.

Insurance

We confirm that our child will be fully insured to cover any and all contingencies, including accident, medical, personal effects and personal liability during the entire duration of our child's travel and visit during this accepted Lions Youth Exchange programme.

Father's/Guardian's signature _____ Date _____

Mother's/Guardian's signature _____ Date _____

Agreement by Applicant

I agree to abide by the rules of the Lions Youth Exchange programme as published from time to time by Lions Clubs International and to regulations relating to any Lions Youth Centre which I might attend. I understand that unauthorized extended personal travel or leaves of absence during the programme are prohibited and that my participation is not for tourism, formal education or employment. I agree that I will return to my home country at the end of the programme unless other arrangements have been approved in advance. I will at all times conduct myself as befitting an ambassador of my Country and my sponsor Lions Club. I will not operate any motorized vehicle during my stay in the host country. Any serious violation of the programme's policies on my part will, at the discretion of the host Lions Officer, result in immediate termination of my visit at my expense.

Applicant's signature _____ Date _____

Sponsor Lions Club

We have met the Applicant and his/her parents/guardians. We confirm that the Applicant and his/her parents/guardians have been made aware of the objectives of our Lions Youth Exchange Programme and they understand and have agreed the conditions of the exchange as set out above. It is our decision that the Applicant is a suitable candidate and will benefit from the opportunity to participate in this programme.

Name of Lions Club Officer _____ Date _____

Office held _____ Tel. No. _____ Email _____

Approved by District Youth Exchange Chairman/Officer

Youth Exchange Chairman's name _____ District _____

Address _____

_____ Post/Zip code _____

Tel. No. _____ Fax No. _____ Email _____

Remarks _____

Signature _____ Date _____

Approved by Multiple District Youth Exchange Chairman/Officer

Officers name _____ District _____

Tel. No. _____ Fax No. _____ Email _____

Signature _____ Date _____

Medical Information

Applicant's Name _____ Date of Birth _____ Sex M/F

Have you been vaccinated against _____ and date of vaccination _____

Measles Yes/No Date vaccinated _____

Diphtheria Yes/No Date vaccinated _____

Tetanus Yes/No Date vaccinated _____

Typhoid Yes/No Date vaccinated _____

Polio Yes/No Date vaccinated _____

Other (please state) _____ Date vaccinated _____

I/we the parent(s)/legal guardians of _____
declare that the above information is correct.

Health Certificate

Applicant's name _____ Sex Male/Female Married Yes/No

Address _____

_____ Post/Zip code _____

Phone number _____ Email address _____

Date and place of birth _____

1. General state of health, _____

2. Physical handicaps, if any, _____

3. Mental handicaps, if any, _____

4. Food allergies/dietary requirements, _____

5. Blood type, A B AB O RH+ RH-

6. Past medical history _____

Doctor's name (please print clearly) _____

Doctor's address _____

_____ Post/Zip code _____

Telephone number _____ Fax Number _____

Email address _____

To the best of my knowledge I hereby sign that the above statements are correct.

Doctor's signature _____ Date _____

