



Estonian National Jamboree WHEEL OF ADVENTURE
8th-15th July 2017 in Tagametsa/Estonia
PERSONAL REGISTRATION SHEET

PLEASE ADD
 YOUR PHOTO
 HERE!
 Suitable are images
 where the face is
 clearly visible.

Name:	
Age (during the camp):	Date of birth:
E-mail:	
Country:	Troop name:
Role in the camp: <input type="checkbox"/> Participant (age 12-18) <input type="checkbox"/> Group leader <input type="checkbox"/> IST (International Service Team, age 18+)	
Leader in the camp:	Leader's phone number:

Contact person at home (parent/guardian):	
Name:	Phone number:

Are you allergic to any medicine, food product, insect bite or anything else? If YES, please specify and write what medicines you are using in these cases.

There are swimming, hiking etc in the camp's program. **Do you have any disabilities, chronic diseases or anything else that might preclude your full participation in these kind of activities?** If YES, please specify.

Are you using regularly any medicines? If YES, please write which kind of medicines.

If you need a special food menu, please make the choice: Lactose free Gluten free Vegetarian

Please make choice if you are interested about:	
Organized transportation (bus) from Tallinn to Tagametsa on the 8 th July (ticket 10€)	<input type="checkbox"/> YES
Organized transportation (bus) from Tagametsa to Tallinn on the 15 th July (ticket 10€)	<input type="checkbox"/> YES
Day-trip out of camp to Pärnu and surroundings on the 12 th July (costs ca 55€)	<input type="checkbox"/> YES

PARTICIPANT'S AGREEMENT:
 Hereby I confirm that all information above is correct. I agree to participate at the jamboree and my data processing according to Estonian Data Protection Law. In the case of emergency during the camp, I am ready to follow the organizers or accordingly empowered persons orders and the jamboree's rules in everyday camp life. I also confirm that I do not take with me or use in the camp any alcoholic beverages or drugs.

Date:	Participant's NAME and signature:
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PARENT'S/GUARDIAN'S AGREEMENT (necessary, if the participant is under 18 years old):
 Hereby I confirm that all information above is correct and my child named above, has permission to attend to jamboree engaging in all regular camp activities except as noted. I hereby authorize the Leader of the Camp to secure such medical advice and services as may be deemed necessary for the health and safety of my child, and to transport my child to a hospital if necessary. I also agree to cover any and all related costs not covered by the participants medical insurance. I also understand and accept the other camp policies.

Date:	Parent's/guardian's NAME and signature:
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