



Baltic Olympic Jamboree 2015 „Ancient Games“

Pre camp: 10.-13.07.2015

Camp: 14.-19.07.2015

After-camp: 20.-22.07.2015

**This registration for must be sent to Estonian Scout Association
P.O. Box 260, Tallinn 10503, Estonia no later than 1. March 2015**

**PLEASE ADD YOUR
PHOTO HERE**

Suitable are images
where face is clearly
visible

(Click on this box to
add you photo)

PERSONAL REGISTRATION SHEET

Given name		Surname	
Age (during camp)	Date of birth (DD/MM/YYYY)	Female	Male
Country	Troop name		
Leader in camp	Leaders phone		
Leaders phone number in camp			
Contact person at home (parent/guardian)			
Emergency contact persons phone number*			
Emergency contact persons phone number			
Are you allergic to any medicine, food, product, insect bite or anything else? If Yes, please specify and write what medicines you use.	YES		
There are swimming, climbing in the camp's programme. 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	YES		
Are you using regularly any medicines? If Yes, please write which?	YES		
Do you need a special menu (including vegetarian)? If yes, please specify	YES		
Participant agreement: Herby 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 camp, I am ready to follow 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 alcohol or drugs.			
Date	Participants name and signature:		
Parents/guardian's agreement (nessesary, if the participant is under 18 years old): Herby I confirm that all information above is correct and my child has my permission to attend to Jamboree engaging in all regular camp activites 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 hospital if necessary.			
Date:	Parent's/guardian name and signature:		

***Please add two emergency contact phone numbers.**

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