**REGISTRATION FORM**

**Transnational Youth Climbing Camp**

Organizer: Horolezecký klub Horec Liptovský Mikuláš

Location: Kalamárka, Detva, Slovakia

Date: 22.8.- 28.8.2021

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname: |  | | |
| Gender: | Male / Female | | |
| Date and place of birth: |  | | |
| Address: |  | | |
| Contact email: |  | | |
| Contact telephone number: |  | | |
| ID card/Passport number: |  | Period of validity: |  |
| Alpine/climbing/mountaineering club I am a member of: |  | | |
| Membership number: |  | | |
| Food preferences: | no restrictions / vegetarian / special diet: | | |
| Medical information: |  | | |
| Participant climbing experience, level and skills: | I can tie in: Yes / No  I can top rope belay safely: Yes / No  I can lead belay safely: Yes / No  I belay with (belay device): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I can abseil: Yes / No  My current on sight level is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My current red point level is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name, family relationship and telephone number of a person we can contact in the event of an emergency: | 1. | | |
| 2. | | |

**Insurance:**

Participants should be insured for accident, rescue, third party liability and travel which is valid for

participating in the programme of climbing and trekking. A copy of each insurance should be presented to the organisers on arrival.

Name of the insurance company: *(can report later)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy number: *(can report later)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANTS APPLYING FOR A TRANSNATIONAL YOUTH CLIMBING CAMP ALSO ACKNOWLEDGE AND ACCEPT THAT:**

**- Safety is a primary concern, but as with all the other forms of climbing there is a danger of personal injury or death. The participant must strictly follow the rules given by the leaders.**

**- Participants, and their parents if younger than 18, accept the risks of participation and are responsible for their own actions, which should take account of relevant circumstances such as changing weather conditions.**

**- To take part it is necessary to be medically fit to do the activity and have valid liability and accident insurance which is valid in the country of the event and which covers rescue and repatriation. Please bring a copy of your insurance with you to show the organizers. The alcohol consumption is forbidden during the camp.**

With this signature, I confirm that I am aware of the conditions and I allow participant's participation in the activities.

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parents or participant if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES**

I give the organizer and other partners of the Erasmus+ project “Staying safe in the word of youth climbing” the permission to collect, retain and use the information in accordance with the General Data Protection Regulation.

I allow the publication of the photographs of participant, taken on camp, on the website and social network accounts of the organizer and other partners of the Erasmus+ project “Staying safe in the word of youth climbing”.

Date and place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (parents or participant if over 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_