



**LIONS CLUBS INTERNATIONAL
YOUTH EXCHANGE (YE)
MD 114 AUSTRIA
APPLICATION & INDEMNITY FORM**



PHOTO
(To be attached
on the final copies only)



Instructions: The Applicant, his/her parents, and the responsible Lions shall complete all appropriate sections of this form.

Compulsory attachments to this application are 4 photographs self and a letter to "Dear Host Family". One or more "family photographs" and a copy of the Applicant's passport or an equivalent identification document, as required for the applied countries, are recommended.

This form must first be completed and forwarded electronically. Duly signed paper copies with the attachments must be forwarded as advised separately.

For privacy reasons all data can only be used for Youth Exchange purposes and will not be disclosed outside of the Youth Exchange without your consent.

I. PREFERRED YOUTH EXCHANGE ALTERNATIVES

Possible dates for exchange	From:	17/07/2010	To:	31/07/2010
1st Country (& Camp) preference	Austria - The Sound of Music			
2nd Country (& Camp) preference				
3rd Country (& Camp) preference				
The Applicant prefers (X):	Family stay and Camp	<input checked="" type="checkbox"/>	Family stay only	<input type="checkbox"/>

II. APPLICANT'S BASIC DATA

Family Name:	Musician	First Name:	James
Male (M) or Female (F)	M	Date of birth (dd.mm.yyyy):	01/01/1991
Street address:	Musical Avenue 18		
Postal code:	11005	Town:	Linz
Country:	Austria	E-mail:	info@lionscamp.at
Phone(home):	+43 9999 12345678	Mobile:	+43 999 987654321
Have you previously participated in a Lions Youth Exchange Program?	(X) Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/>
If yes, where and when?	USA, Canada, Australia		
Hobbies & Other interests:	Singing in a choir, music, sports		
Applicant's Health, Medical and Dietary Data (Add and specify in the additional data as necessary)			
Do you smoke?	No	Vegetarian?	No
Medical/Religious/Other dietary requirements:	None		
Allergies, if yes, specify:	Pollen		

Name:	Günther Beck		
E-mail:	guenther@beck.officelicht.at	Fax:	+43225225439950
Primary Phone:	+43225243659	Mobile:	+436644415591
Address:	A-2500 Baden Erzherzogin Isabellenstraße 112		
Applicant's destination (Country/State/(M)District):			

IV. APPLICANT'S ADDITIONAL DATA (as applicable and available)

Nationality:	Austria	Passport N:o	P1xxxxxxx
Name of Insurance Company:	STGKK	Policy no:	1234 555599
Knowledge of English:	Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> None <input type="checkbox"/>		
Other languages spoken:	Italian, French		
Field of study:	Music		
Career objective:	Music Teacher		
Religion:	Christian		
T-shirt size (S, M, L, XL, XXL):	XXL		
Are you a Leo	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Additional Health, Medical and Dietary Data			
State of health, in general:	Good		
Are you capable to participate in sport activities ?	Yes		
Physical handicaps if any:	None		
Special medication:	Allergy medication		
Blood group:	0 -		
Any other point to be noticed:	Nothing yet		
"Family Doctor", if you have one:	Name:	Dottore Massimiliano Musica	
E-mail:	mass.musica@dottore.it	Phone:	+39 011 44552211

V. APPLICANT'S FAMILY DATA

Father or Guardian's name:	Father Musician	Lions member	
Father or Guardian's occupation:	Musician	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Mother's name:	Mother Musician	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Mother's occupation:	House Wife		
Address:	same as applicant		
Phone:	same as applicant	Mobile phone:	+43 999 992211
E-mail:	parents@music.at	Fax:	+43 999 22112211

VI. RESPONSIBLE LIONS CLUB DATA

Lions Club:	Lions Club Musictown	District:	999
Club YE Chairman:	John Singing	Phone:	+1 444 1111
E-mail:	john@singing.music	Fax:	+1 444 11111
Address:	Singers Avenue 18, 55511 Singingtown, USA		
Basis of financing of the exchange:	By applicant: <input checked="" type="checkbox"/>	By family: <input type="checkbox"/>	By sponsor club: <input type="checkbox"/> Others <input type="checkbox"/>

With the affixed signature I certify that applicant is qualified to participate in the Lions Youth Exchange Program, and that he/she and the family have been fully informed of the program's regulations and objectives. Furthermore I certify that the applicant will be fully insured to cover any and all contingencies, including repatriate, accident, medical, personal effects and personal liability during the entire duration of the applicant's travel and visit in the accepted country.

VII. LIONS DISTRICT DATA

District YE Chairman:	Günther Beck	District:	114
E-mail:	guenther@beck.officelight.at	Phone:	+43225243659
Mobile:	+436644415591	Fax:	
Address:	A-2500 Baden Erzherzogin Isabellenstraße 112		

VIII. AGREEMENT AND COMMITMENT BY APPLICANT (Please read carefully)

If accepted to participate in the lions Youth Exchange program, I will abide by its policies and procedures. I fully understand that extended personal travel or leaves during the program are not permitted, even to visit close friends or relatives, unless written permission is included with this application. I understand that my participation in the program is not for the purpose of tourism, formal education or employment, and that I will not be allowed to operate a motor vehicle during my visit in the host country. Any serious violation of the program's policies and regulations on my part can, at the discretion of the YE-chairman, result in the immediate termination of my visit at my expense.

I have been briefed by the Lions about the Youth Exchange (YE) and I have carefully read all instructions and terms in this form. With the affixed signature I fully commit to participate in the YE program which I might be accepted to.

IX. INDEMNITY AGREEMENT BY PARENT OR GUARDIAN

With the affixed signature. I / We the parent(s) / guardian(s) give permission for my/our son/daughter/ward to travel and remain at an approved place for a specified period living a Lions or Lions approved home or Lions camp. I/We agree to relieve any Lions member or host family, Lions Club, Lions District or Lions International of any financial or other responsibility in the case of his/her illness, death, legal or moral irresponsibility, and to indemnify them in respect of any expenses incurred.

I / We also agree that the boy / girl will not be permitted to drive a motor vehicle while away under this Youth Exchange Program. The boy / girl will return to his/her home at the completion of the exchange, unless I / We send written permission and financial means and designate where else the boy / girl is to go. In such instances the Lions supervision will cease when the boy/girl leaves the host of the Lions or the Lions camp. I / We furthermore agree that the rules of the program will be complied with by us. In the case of violation of the rules. I/We understand that my/our boy/girl will be returned to his/her home at my/our expense. I / We the parent(s) / guardian(s) give legal consent for the Lions hosting of our youth to give him/her any immediate medical treatment, including surgical emergencies, as prescribed by a fully qualified doctor, when time does not permit the obtaining of consent by me/us.

X. SIGNATURES

Applicant name	Musician	Date: 01/01/2010
signature	James Musician	
Parents / Guardians name	Father Musician	Date: 02/01/2010
signature	Father Musician	
Club representative name	Lions Club Musictown	Date: 03/01/2010
signature	John Siggy	
District YEC name	Günther Beck	Date: 04/01/2010
signature	Günther Beck	
Program Chairman name	Günther Beck	Date: 04/01/2010
signature	Günther Beck	

XI. ALL OTHER INFORMATION

