



## Lions and Leo Youth Camp Application

Last Name :		First Name:	
Male (M) Female (F)	Date of Birth:	Leo member? Yes ( ) No ( )	
Street Address:			
Postal Code:	City:	Province/State:	
Country:	E-mail:		
Phone (Home)	(Cell)		
Have you previously participated in a Lions Youth Camp & Exchange Program? Yes ( ) No ( )			
If yes where and when?			
Hobbies and other interests?			
Nationality:		Passport NO.:	
Primary Language:		Religion: (Optional)	
Knowledge of English Good ( ) Fair ( ) Poor ( )		Do you smoke? Yes ( ) No ( )	
Other languages spoken			
<b>Applicant's Health Medical and Dietary Data</b>			
Are you able to participate in sports?			
Current medications/pre-existing conditions.			
Blood Type Optional )		Allergies:	
Dietary Requirements:			
Family Doctor Name:		Phone:	
<b>Applicant's Family Data</b>			
Father/Guardian Name:			
Father/Guardian Occupation:		Lion's member? Yes ( ) No ( )	
Postal Code:	City:	Province/State:	
Country:	E-mail:		
Phone (Home)	(Cell)		
Mother/Guardian Name:			
Mother/Guardian Occupation		Lion's member? Yes ( ) No ( )	
Postal Code:	City:	Province/State:	
Country:	E-mail:		
Phone (Home)	(Cell)		
<b>Emergency Medical Authorization</b>			
In event of a medical emergency I authorize a Lion's official or the host family to provide my child with any necessary medical treatment prescribed by a doctor. I understand that any medical expenses not covered by insurance for such medical treatment will be my responsibility.			
Signature of Parent/Guardian: _____			
Print Name:		Date:	