

Registration form for an intercultural Youth Exchange of EVEA

Details of the project

Event:

Date:

Age:

*funded by the program of the
European Union*

Youthcracy - Youth Voices, Democratic Choices

17.07.-26.07.2026

15-19



Erasmus+

My son / My daughter can swim:

yes

no

With my signature, I agree that I or my son / daughter:

- may take part in all activities provided for in the program (including water sports activities).
- may move in small groups of at least three participants, in predetermined areas, even without supervision.
- may travel in a youth leader's vehicle for short-distance supply or transport journeys.

At the beginning of the youth exchange I will or my son/daughter will:

- be in possession of a valid identity card or passport.

Data of the participant

Gender:

male

female

Name:

Surname:

Date of birth:

Nationality:

Street, No.:

Postal Code, City:

Mobile number:

Email-address:

(if available)

(if available)

Insurance:

Insurance No.:

Information on health (medications, illnesses, special needs) and nutrition (allergies, diets, intolerances):

Contact details of a legal guardian

Father

Mother

Other:

Name:

Surname:

Email-address:

Phone number:

(Mobile + Home)

By participating in the youth exchange, I agree to the general conditions of participation of the EVEA (to be found at <https://jugend.ardennes-eifel.org>). I agree that photos / recordings of the event on which I or my son / daughter can be seen may be used by the organizer EVEA for publication.

Place, Date

Signature (for minors of the legal guardian)

Please send the signed registration form (preferably by email - as a photo or scan) to:

by Email: jeunesse@evea.de

by Fax: +352 2680 0876

or by mail: Europäische Vereinigung für Eifel und Ardennen (EVEA) – 1, Dikricherstrooss - L-9186 Stegen



After receipt of the registration, you will receive a registration confirmation with all further information by email. We will send you detailed information and a health questionnaire in good time before the encounter.

EVEA - General conditions of participation

1. Participants:

Participation in our events is basically possible for all young people from the Eifel and Ardennes as well as from the neighbouring regions. Depending on the type of event, restrictions on participation (e.g. age, educational level, country of origin) can be specified. For the participation of people with health restrictions, an agreement with the organizer and the responsible leader of the respective meeting is necessary.

2. Contracting parties:

The organizer of the youth projects is the International Youth Commission of the European Association for Eifel and Ardennes (EVEA) unless another organizer or co-organizer is specified in the individual announcement. The participant is the registered person; for minors, the consent of a legal representative is required.

3. Registration:

The registration takes place with the completed and signed registration form, which is given for the respective encounter. This can be sent by email, fax, or post. In the case of minors, the registration must be carried out and signed by the parent or legal guardian. In addition to the registration form, participants can request additional documents at selected encounters (special qualifications for musicians, health questionnaires, swimming certificates, etc.).

4. Terms of payment:

Upon receipt of the registration form, participants will receive a confirmation of registration and an invoice, usually in electronic form. The registration becomes binding as soon as the participation fee or the shown down payment has been transferred. Possible remaining payments are to be paid no later than 4 weeks before the encounter or by the date specified in the request for payment.

5. Cancellation:

BY THE PARTICIPANT

If you cancel up to 4 weeks before the start of the event, you will be charged a processing fee equal to the deposit (€60 / €200 depending on the event). If you cancel later and no replacement can be found, you will be charged the full participant fee. It is the participant's responsibility to take out travel cancellation insurance if necessary.

BY THE ORGANIZER

The EVEA can withdraw from the participation contract up to 4 weeks before the start of the project if this is necessary for organizational reasons or if the minimum number of participants is not reached. Participants who have already registered will receive a corresponding notification no later than 4 weeks before the start of the encounter. In such a case, the participation fee already paid will be fully reimbursed. In this case, EVEA will endeavour to make a replacement offer.

EXCLUSION OF THE PARTICIPANT

By registering, the participant agrees to fit into the group community, to take part in the event program and to follow the instructions of those responsible (management and support team) as well as to respect the customs and traditions of the host country.

If, despite a warning from the team or the responsible leader, the participant violates specified or agreed rules or existing laws, customs and traditions of the host country and endangers the co-existence in the group, he can be excluded from further participation by the organizer EVEA. Any trip home and the associated costs are the responsibility of the parents or legal guardians.

6. Protection of data privacy:

The applicable data protection guidelines are observed. Personal data are only recorded for the purposes of the respective event and treated confidentially. By participating, the participant declares that he or she agrees that the video and audio recordings made during the project and on which he can be seen may be used by the organizer EVEA for publication.

EVEA – Medical card 2026

Please fill out this questionnaire carefully so that we can guarantee good and conscientious care for your child and so that we can optimally prepare and adjust to the needs of your child.

Allergies and advice on health and nutrition

The following allergies are known:

Advice on nutrition (intolerance, diets, religious reasons etc.):

The following special notes must be considered (sleepwalking, bed-wetting, behavioural problems etc.):

Medication

- ☐ Right now, there is no need to take any medication and there are no other special features that need to be considered.
- ☐ The following medication must be taken for the duration of the youth exchange (if it is a prescription medication, please enclose a copy of the doctor's instructions):

Name of the product	Time of serving	Amount

Important note: All medication must be packed separately and clearly and visibly marked with the name of the child for whom the medication is intended. On the day of arrival, the medication must be handed over to the leader team when registering.

I also allow the leader team to administer the following medication to my child if necessary - and only with **prior** consent by telephone:

- ☐ *Ibuprofen
against fever*
- ☐ *stomach pills
against nausea*
- ☐ *Cooling gel
against mosquito bites*
- ☐ *Charcoal tablets
in diarrheal diseases*
- ☐ *Wound spray
in the case of wounds*
- ☐ *none*

Name of the participant: _____

Emergency

☐ I allow

☐ I do not allow

the members of the leader team in the event of illness or accident and urgent need to drive my child to the doctor or the emergency room in a private car.

Note:

- *If you tick "I do not allow", the team will contact you in an emergency so that you can personally pick up your child and visit a doctor.*
- *In urgent emergencies, the leader team decides whether to call in the necessary help (ambulance / emergency doctor). The parents will be informed immediately.*

Removing ticks

From a medical point of view, it is advisable to remove ticks as soon as possible after the tick bite. In order to be able to remove a tick from your child during the youth exchange, we need your consent.

To the removal of a tick by the youth exchanger leader team,

☐ I agree.

☐ I do not agree.

Provided you agree, we will remove any ticks we discover immediately and inform you of this.

In this case, we ask you to observe any possible after-effects after removing the tick and to consult a doctor if the following reactions occur:

- Inflammation of the bite site
- Circular red inflammation on the body
- General feeling of illness

Documents

Please hand in copies of the following documents with the health questionnaire when the child arrives:

- Copy of a valid identification document (passport or identity card)
- Copy of proof of health insurance (for information about insurance cover abroad, please contact your own health insurance company)
- Copy of the international vaccination certificate

Letter of acceptance

I / We have understood, taken note of and accept this information. With my signature, I confirm that the information about my child is correct and complete.

I know that I am obliged to notify the organizer if anything changes by the time the encounter begins.

As the sole signatory, I confirm that the other legal guardian is aware of my consent and agrees to it.

I hereby consent to my / our child's participation in the project:

Place and date

Name, first name of the legal guardian

signature

Name, first name of the legal guardian

signature