**Jamboree 2024 SILMAPIIR**



PARTICIPANT FORM

**FIRST AND LAST NAME:**

**BIRTHDAY:** **AGE in camp:**

**SPECIAL DIET, FOOD ALLERGIES***(are you allergic to some food ingredients, what you do no eat because of your health condition)*

**ALLERGIES, MEDICINE***(are you allergic to something or any medicine, do you regulary take any medicine, do you have any chronic deases)*

**SWIMMING LEVEL**

[ ]  I am a good swimmer [ ]  I can swim [ ] I am a poor swimmer [ ] I can’t swim

**I want to help in..**

[ ] Programme [ ] Security [ ] Information [ ] Catering [ ] Technical team

**I’m good in..**

[ ] First-aid [ ] Survival skills [ ] Water activities [ ] Games [ ] Cooking [ ] Construction [ ] Photography [ ] Flag ceremonies [ ] Knowing nature [ ] Singing [ ] Playing an instrument ... *specify:..*

**EMERGENCY CONTACT PERSON NAME, PHONE NUMBER (2 persons)**

1.

2.

**PARTICIPANT CONSENT:**

I confirm the accuracy of the above-mentioned information. I agree to participate in the camp and consent to the processing of the provided data in accordance with the applicable data protection laws. To ensure safety and order, I commit to following the instructions and orders given by the camp management or individuals with relevant authority, as well as adhering to the daily camp rules.

I also affirm that I will not bring or consume alcoholic or narcotic substances during the camp. I permit the inspection of my camp equipment by the camp organizers if there is a need to ensure safety, security, order, or to prevent any legal violations.

I agree to the publication of pictures and video material taken by the organizers during the camp on the camp's website, in the communication channels of the Estonian Scouts Association, and in third-party media outlets.

|  |  |
| --- | --- |
|  |  |

Date Participant name and signature