



ROVERWAY 2012

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REGISTRATION FORM



PERSONAL DATA

First name

Last name

Date of Birth

(dd.mm.yyyy)

Address

Postal code

City

Country

Phone

Mobile

E-mail

National Association

Contingent

I will participate as

Participant (16–22 years old, born between 89–96)

Patrol Leader (over 18)

IST (over 22)

Contingent Management Staff

Member of the Project Organization

Others

EMERGENCY CONTACT INFORMATION

Please note that the person must be reachable during the Event (20.–28.7.2012)

Name

Telephone (in international form)

E-mail

I need an invitation for the visa to Finland

KNOWLEDGE OF LANGUAGES

English and French are the official languages of the event.

Mother tongue:

English

Good

Can Manage

Weak

French

Good

Can Manage

Weak

Other languages

PARTICIPANT / PATROL LEADER (only fill in if you are an participant / patrol leader)

Patrol number inside Contingent

I Can Swim

Very well (over 100 meters)

Fairly well (25–100 meters)

I can't swim

Special Skills

I can play an instrument

I can sing

I can perform on a stage

I'm a Young Spokesperson

Other Special Skills?

IST (only fill in if you are an IST-member)

I am an IST-member and I have already agreed on my service task with a contact person

Please provide service task

Please provide contact person

I Haven't agreed on my service task – I'm interested in the following areas of service tasks (please give max. 2 preferences):

Education

Health and Safety

Sub Camp tasks

Infrastructure and Maintenance

Finance and Cafés

Professional or other special skills you'd like to use at your service task, please tell in a few words:

Would you be able to lead your own workshop or activity? About which topic/theme?

Special Skills I would like to play an instrument I would like to be a part of a choir
 I would like to give a performance Other Special Skills?

SPECIAL DIETS AND ALLERGIES

Special diets

Vegetarian food Vegan food Religion-based special diet:
 Milk allergy Lactose intolerance Celiac disease

Allergies

Apple, Raw Apple, cooked Carrot, raw Carrot, cooked Cellery, raw
 Cellery, cooked Citrus fruits Egg Fish Nuts and almonds
 Pea, raw Pea, cooked Soya Sweet pepper, raw Sweet pepper, cooked
 Swede, raw Swede, cooked Tomato, raw Tomato, cooked

Other food allergy, specify?

Life threatening food allergy, what?

PERSONAL HEALTH

Please fill in the correct information on your health and give more information if needed. Send specific clarifications to office@roverway.fi by 31.1.2012. Before and during the camp information on your personal health will be handled with confidentiality. Information will also be recorded in the camp's electric patient information system. Roverway would like to take a chance to remind you that everyone taking part at the Roverway 2012 has to have a travel insurance that covers health insurance and flights back home if needed.

Diabetic Heart disease , please specify

Epileptic Haemophilia , please specify

Asthma Musculoskeletal disease , please specify

Visually impaired Mental disturbance (current or past) , please specify

Hard of hearing Mobility impairment , please specify

Other illness or injury requiring constant care , please specify

Regular medication , please mention the name and dosage

Allergies (special diets and food allergies excluded). Please mention the cause and symptoms.

Medicine allergy , please specify

Other allergy , please specify

SIGNATURES

Signature of participant

Signature of guardian (for participant under 18 years old)

By signing this form I recognize that Roverway is an alcohol and drug free event.

I also approve that I/my child can be photographed or interviewed for the purposes of The Guides and Scouts of Finland. The photos may also be published by The Guides and Scouts and Finland.