



EYI TRAINING PROGRAMME

REGISTRATION FORM

The Parent/Guardian of the child should complete one form per participant

*Affix two (2)
Passport
Size photos
here*

Please select the Programme(s) you are registering for below:

- TEEN ENTREPRENEURSHIP PROGRAMME
- TEEN LEADERSHIP PROGRAMME
- TEEN EMPOWERMENT PROGRAMME
- Other, Please Specify.....

1. PERSONAL INFORMATION

Participant Name: _____

Date of Birth: ____/____/____

Age: _____ Years

Sex: Male Female

T-Shirt Size: _____

School Attending: _____

Name of Parent/Guardian: _____

Address: _____

Tel Nos: (H) _____ (W) _____ (C) _____

Business Name or Institution: _____

Address: _____

2. MEDICAL AND HEALTH INFORMATION

Please indicate if your child/ward has experienced any of the following:

Problem	Yes	No	Please give details
Blood Clotting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bowel Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent Infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

Problem	Yes	No	Please give details
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sinus Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sore Throats	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please indicate if your child/ward has had any of the following illnesses or allergies or allergic reactions to:

Asthma	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Insect Stings	<input type="checkbox"/>	Measles	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Tonsillitis	<input type="checkbox"/>	Other Allergies	<input type="checkbox"/>	_____	

Other Illnesses _____ Other Drugs _____

Does he/she suffer from any other ailment(s) not identified? Yes No

If yes, please specify. _____

Is your child/ward on medication? Yes No

If yes, please specify. _____

Does your child/ward have any disabilities? Yes No

If yes, please specify. _____

Do you have family medical insurance? Yes No

If yes, please state the name and address of the Company. _____

3. DIETARY REQUIREMENTS:

Please indicate if your child/ward is allergic to or does not eat any specific foods:

Allergic to:

Does not eat:

1. _____

1. _____

2. _____

2. _____

4. EMERGENCY INSTRUCTIONS

In case of an emergency, please notify:

Name: _____

Address: _____

Relationship to Camper: _____

Telephone No: _____ or _____

Doctor's Name or Polyclinic: _____

Address: _____

Telephone Nos: _____ or _____

Parent's Medical Authorisation: This health history and medical information is correct to my knowledge. I am aware that there is some inherent risk in activities at the programme and accidents sometimes occur. I hereby give permission for routine tests and treatment to be carried out by certified/trained personnel with my child/ward, in the event that I cannot be reached in an emergency.

I also give my permission for trained our officials to administer First Aid, call a doctor or seek emergency, medical/surgical care for my child/ward _____ should an emergency arise. It is understood that our programme officials will make a conscientious effort to locate the emergency contacts listed on the registration form before any action will be taken.

Signature:	Date:
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Activities Authorization:
I hereby give permission for my child/ward to go on trips away from the programme premises, whether on foot or by vehicle. I give permission for my child/ward to participate in all activities with the following exceptions:

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Signature:	Date:
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PARTICIPANT CODE OF CONDUCT

Empower Youth International Training Programme offers a safe and wholesome environment in which participants play and learn as part of a team. Participants' attitude and behaviour are critical to the success of the programme and each individual makes a difference in the quality of the programme experience.

Participants and parents/guardians must read and sign this agreement prior to programme attendance. This form may be submitted along with the participant's registration form.

- I will treat everyone in the programme with respect at all times, including showing respect for another's personal belongings, privacy and feelings.
- I understand that harassment based upon colour, race, religion, creed, sex, age, sexual orientation or disability is a form of discrimination and will not be tolerated.
- I will respect the facilities and equipment and not take or destroy the property.
- I will not use obscene or foul language or gestures and I will not bring with me music with lyrics which contain obscene or foul language or make reference to violent offensive actions.
- I will not engage in any activity which put me, other participants or staff at risk.
- I agree to abide by the rules and regulations of the programme and I understand that I am expected to follow directions and guidance provided by staff.

If a participant fails to abide by these behavioural expectations the parent/guardian will be notified and asked to assist in helping the participant make more positive choices. If the participant behaviour does not improve, he/she will be asked to leave programme.

The following behaviours are considered very serious and may result in immediate expulsion from programme:

1. Possession or use of weapons, illicit illegal drugs or other controlled substances, tobacco products of any kind and alcoholic beverages.
2. Physical abuse of any kind including hitting, biting or pushing another participant or staff member.
3. Failure to follow instructions thereby resulting in situations that put themselves, other participants or staff in physical danger.
4. Leaving the programme facilities without the permission of a staff member.
5. Verbal abuse of other participants or staff.
6. Behaviour that is constantly interfering with the quality of the programme.
7. Participants threatening to harm themselves or other participants.

I have read and understand these behavioural expectations and I agree to abide by them at all times during the programme period.

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Participant Signature

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Date

