Applicar	nts YCE	Stud	lent	s fr	om:									
Vietin Campo 4 Ecchange			Y	outh	Camp /	And	ERNATION I Exchang EMNITY F	e			A A A A A A A A A A A A A A A A A A A	CALER MATURE		
Instructions	The Appli	cant, his/	her par	ents, a	and the re	espo	nsible Lions	shall com	plete a	ll sec	ctions o	of this f	orm.	
Compulsory attachme copy of the applicant' scan of visa if any, a s 4rd page of this AF wi	's passport of can of your E	r identity c European H	ard (ID) lealth In	or CNI suranc	or an equiv e Card (EHI	valen C) fo	t identificatio or applicants o	n documen out of Europ	t as req oe a simi	uired	for the a	pplied	count	ries,
 In accordance with the Prior to disclosing a data. All personal data, and disclosed to and share extent that disclosing Exchange Program. All personal information countries where local that all deferred personal that all deferred personal that all deferred personal personal personal personal that all deferred personal that all deferred personal personal personal personal personal that all deferred personal persona	ny personal on nd pictures to ed among the such inform ation pertain regulations	data all Lio aken durin ose Lions a ation is ess ing to the <i>i</i> state that t	ns and a ng his/he and appo sential to Applican they mus	ppoint er stay, binted A b carry its will I st be re	ed Agents w of the You Agents who out duties a be erased u etained for	will e th Ex are and i	enter into a co entitled to ma responsibilitie the completio	nfidentialit cants conta anage the Y s connected on of the Yc	y agreen ined wi outh Ex d to the outh Exc	ment p thin th chang imple	protectir nese forr ge Progra ementati e Prograu	ng the A ms will am, and on of th ms, exc	only b l only ne You ept in	e to such ıth
I. PREFERRED YOU	TH CAMP A	ND EXCH	ANGE A	ALTERI	NATIVES									
Possible dates for e	xchange		Fro	om:				To:						
1st Country (& Cam	p) preferen	nce						Camp:						
2nd Country (& Car	np) prefere	nce						Camp:						
3rd Country (& Can	np) preferer	nce						Camp:						
Final destination (c	only for YCE	:C!)						Family &	camp		Famil	y only		
IMPORTANT !! Make	e sure when	you fill in y	our cho				of camp AND correct age.	homestay	match v	vith da	ates you	ı are av	ailabl	e. Also
II. APPLICANT's B	ASIC DATA;	(if not av	vailable					request" c	or men	tion "	'NO")			
Family Name:			Firs	st Nan	ne:			Nickna	ame					
Male (M) or Female	e (F):		Da	te of b	oirth (dd/n	nm/	уууу):				Age on /07/20			
Street address:														
Postal code:			То	wn:					Sta	te				
Country:			Em	nail:										
Phone(home):			Mo	obile:										
Nationality:				•	/ID/CNI N	umb	er:							
Passport/ID/CNI valid until:					/ID/CNI of issue:									
Have you previousl	y participat	ed in a Lic				grar	n? (X)		Y	es		No		
If yes, where and w					-	-								
Hobbies & Other in														
Knowledge of Engli	sh: (X)	Good	Fair		None		T-shirt size ((S, M, L, XI	., XXL):					
Other languages sp														
Field of study:														
Career objective:														
Religion:				Ar	e you a LE	0 (X):	Yes			No			
						-						-		-

/

2025

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France

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Year / Country / MD / District / Number:

MD 103 Distr

Nr.

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III. APPLICANT'S ADDITIONAL DATA (as applicable and available; if not available for the moment: mention "in request" or mention "NO")

Additional Health,	Medical, Dieta	ary and	Insura	nce Da	ata								
Capable to participate in sport activities ? (yes/n								Can y	you swim (yes/no)				
Do you smoke (yes/no)		egetaria es/no)	getarian es/no)		Ve	Vegan (yes/no)					Height in cm		
Disability if any: (X)	No		Yes		If Ye	s : spe	cify					
Special medication	: (X)	No		Yes		If Ye	s : spe	cify					
Medical/Religious/ requirements: (X)	Other dietary	No		Yes		If Ye	s : spe	cify					
Allergies: animal, ir	nsect, food	No		Yes		If Ye	s : spe	cify					
Health Insurance C	ompany:						Policy	no:					
Liability Insurance	Company:								Policy	no:			
Any other point to	be noticed:												
Covid19 information		Full v	accina	ition	Yes		No						
Family Doctor if you have one: Na		Name	Name:										
E-mail:					-				Mobil	e:			

IV. APPLICANT'S FAMILY DATA / Information if we need to have contact with the family

Name of parent or gua for the applicant and v			Lion: Yes/I	no		
form		-		-		
Contact address						
Contact Phone: +			Contact Mobile phone: +			
Contact in case of eme	E-mail:		Mob. Pho	ne:		

V. RESPONSIBLE LIONS CLUB DATA

Lions Club:							District:		
Club Chairpers	son:						Mob. Phone		
E-mail:									
Basis of finan	cing of th	ne exchange (X):	By applicant:		By family:	E	By sponsor club:	Others	
Exchange Prog	gram, and	d that he/she and	pplicant is qualified the family have bee ning youth in excha	en fu	ully informed of the	e prog	gram's regulatior	•	

VI. LIONS MULTI DISTRICT OR DISTRICT DATA

District YCE	hairperson:	District: D or MD Nr.	
E-mail:			
Mobile:			

VII. AUTHORIZED YCE CHAIRPERSON RESPONSIBLE AND CONTROLLER FOR THIS FORM

Name:	Alain GERNOLLE	District: D or MD Nr.	103 France
E-mail:	<u>yec.alain@gernolle.fr</u>		
Mobile	+33 6 12 57 20 03		

VIII. AGREEMENT AND COMMITMENT BY APPLICANT (Please read carefully)

If accepted to participate in the Lions International Youth Camp and Exchange Program, I will abide by its policies and procedures. I fully understand that extended personal travel or leaves during the program are not permitted, even to visit close friends or relatives, unless written permission is included with this application. I understand that my participation in the program is not for the purpose of tourism, formal education or employment, and that I will not be allowed to operate a motor vehicle during my visit in the host country. Any serious violation of the program's policies and regulations on my part can, at the discretion of the YCE-chairperson, result in the immediate termination of my visit at my expense.

I have been briefed by the Lions about the YCE program and I have carefully read all instructions and terms in this form. With the affixed signature I fully commit to participate in the YCE program which I might be accepted to. Furthermore I certify I am sufficiently insured to cover any and all contingencies, including repatriate, accident, medical, personal effects and personal liability during the entire duration of my travel and visit in the accepted country.

IX. INDEMNITY AGREEMENT BY PARENT OR GUARDIAN

With the affixed signature. I / We the parent(s) / guardian(s) give permission for my/our son/daughter/ward to travel and remain at an approved place for a specified period living in a Lions or Lions approved home or Lions camp. I/We agree to relieve any Lions member or host family, Lions Club, Lions District or Lions International of any financial or other responsibility in the case of his/her illness, death, legal or moral irresponsibility, and to indemnify them in respect of any expenses incurred.

that the boy / girl will not be permitted to drive a motor vehicle while away under this Youth Exchange Program. The boy / girl will return to his/her home at the completion of the exchange, unless I / We send written permission and financial means and designate where else the boy / girl is to go. In such instances the Lions supervision will cease when the boy/girl leaves the host of the Lions or the Lions camp. I / We furthermore agree that the rules of the program will be complied with by us. In the case of violation of the rules. I/We understand that my/our boy/girl will be returned to his/her home at my/our expense. I / We the parent(s) / guardian(s) give legal consent for the Lions hosting our youth to give him/her any immediate medical treatment, including surgical emergencies, as prescribed by a fully qualified doctor, when time does not permit the obtaining of consent by me/us. Furthermore I certify that the applicant will be sufficiently insured to cover any and all contingencies, including repatriate, accident, medical, personal effects and personal liability during the entire duration of the applicant's travel and visit in the accepted country.

Are you from a country of Europe?

y Yes/No If "Yes" you must fill in chapter X

X. Lions Youth Camp Exchange GDPR Information and Consent form only for European Countries

By signing this Form, I consent / I agree my personal data ("Data") included in the Lions Youth Camp and Exchange ("YCE") Application Form, ID/passport copy, health and travel insurance data, letter to the Host Family and attached photos being processed and stored by the relevant Lions Organization and persons as described further in this document.

	The data will be processed/stored by Youth Camp and Exchange									
D/MD Name	103 France									

Controller:			
Mobile		E-mail	
		_	
Data protection	officer if any		
Name		Address	
Mobile		E-mail	

Purpose of data processing: Participation in the Lions Youth Exchange Program.

Legal basis for the processing: L 119/40, Official Journal of the European Union 4.5.2016, paragraph 6.1.

Recipients of the Data: Local sponsoring Lions Club of the sending Country, local YE chairperson of the sending Country, YE chairperson of the receiving Country, YE Camp organizing local Lions Club of the receiving Country, Host Family in the receiving Country.

In case of receiving Country is not a member of the European Union, the Data may be transferred to, processed and stored by the above recipients in the relevant third Country also outside the EU.

The Data will be stored until not later than 30 days after the end of the local YE activities in the receiving Country.

The Participant has the right to request from the controller access to and rectification or erasure of personal data or

restriction of processing concerning the data subject or to object to processing as well as the right to data portability; the right to withdraw consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal; the right to lodge a complaint with a supervisory authority: <u>name, address, phone and e-mail of the Data Protection Authority</u> of your country.

Failure to provide the Data may have as consequence the exclusion from the Lions YE program.

There is no automated decision-making, including profiling, referred to in Article 22(1) and (4) in the process.

The controller does not intend to further process the personal data for a purpose other than that for which the personal data were collected.

I have read and understood the above and I consent / I agree my personal data being processed and stored as described:

XI. Lions Youth	a Camp Exchange DPA Information form
D/MD Data Pro	otection Authority (DPA)
Name:	CNIL
URL	https://www.cnil.fr/
Phone	01 53 73 22 22
Address	3 PLACE DE FONTENOY TSA80715 75334 PARC CEDEX
E-mail	

XII. SIGNATURES

Applicant name					
signature		Date:			
Parent / Guardian name					
signature		Date:			
Club representative name	/	Data			
signature		Date:			
MD or D YCE name					
signature		Date:			
Auth YCE chairperson & Controller	Alain GERNOLLE				
signature		Date:			
Year / Country / MD / Dis	trict / Number: / 2025 / France	/ MD	103	Distr	Nr.