# PARTICIPANT'S QUALIFICATION CARD FOR YOUTH IS THE FUTURE CAMP 2026

## 1. Instruction

| ⬇ HOW TO FILL IN THE CARD AND WHAT TO DO WITH IT LATER |
|---|
| Please complete the card in CAPITAL letters. Scan / photo of the document should be sent no later than JULY 12, 2026 at info@youthisthefuture.com and the **original document must be provided during check-in.** |

## 2. Information about the holiday (filled by the Organizer)

| ⬇ FORM OF THE HOLIDAY |
|---|
| DAILY CAMP |
| ⬇ DATE OF THE HOLIDAY |
| JULY 19 – 23, 2026 |
| ⬇ PLACE OF THE HOLIDAY |
| HOTEL ŠACHTIČKA***, BANSKÁ BYSTRICA, SLOVAKIA |
| ⬇ ORGANIZER |
| THE LEGITS, S.R.O., RUZOVA 3700/3, 97411 BANSKA BYSTRICA, SLOVAKIA, COMPANY ID: 44892390 |
| ⬇ CONTACT TO THE ORGANIZER |
| INFO@YOUTHISTHEFUTURE.COM |

| ⬇ PLACE AND DATE | ⬇ ORGANIZER'S SIGNATURE |
|---|---|
| | |

## 3. Information about the participant (filled by the parent / legal guardian)

| ⬇ PARTICIPANT'S FIRST & LAST NAME |
|---|
| |
| ⬇ PARTICIPANT'S DATE OF BIRTH |
| |
| ⬇ PARTICIPANT'S CITIZENSHIP |
| |
| ⬇ PARTICIPANT'S ADDRESS |
| |

**4. Information about the parent / legal guardian** (filled by the parent / legal guardian)

| ↓ PARENT'S / LEGAL GUARDIAN'S FIRST & LAST NAME |
|---|
| |
| ↓ PARENT'S / LEGAL GUARDIAN'S ADDRESS |
| |
| ↓ PARENT'S / LEGAL GUARDIAN'S PHONE NUMBERS |
| |
| ↓PARENT'S / LEGAL GUARDIAN'S ID DOCUMENT NUMBER |
| |

**5. Information about the entrusted guardian for the duration of the Camp** (filled by the parent / legal guardian)
(Fill in case that a guardian is coming with the participant to accompany him/her during the camps duration.)

| ↓ ENTRUSTED GUARDIAN'S FIRST & LAST NAME |
|---|
| |
| ↓ ENTRUSTED GUARDIAN'S PHONE NUMBERS |
| |
| ↓ ENTRUSTED GUARDIAN'S ID DOCUMENT NUMBER |
| |

**6. General information about the participant** (filled by the parent / legal guardian)

| ↓ SHORT DESCRIPTION OF THE PARTICIPANT |
|---|
| |

**7. Information about participant's health** (filled by the parent / legal guardian)

| ↓ AFFLICTIONS OR SYMPTOMS SEEN RECENTLY (F.E. FAINTING, FREQUENT HEADACHES, NOSEBLEEDS, SHORTNESS OF BREATH ATTACKS, FREQUENT ABDOMINAL PAIN) |
|---|
| |
| ↓ CHRONIC DISEASES (ASTHMA, EPILEPSY, RHEUMATISM, HEART OR KIDNEY DISEASES) |
| |
| ↓ DOES THE CHILD HAVE ANY ALLERGIES, INTOLERANCES OR CAN'T USE CERTAIN DRUGS (PLEASE INDICATE THE NAME OF THE FOOD, MEDICINE ETC.)? |
| |
| ↓ DOES THE CHILD TAKES MEDICINE REGULARLY (PLEASE SPECIFY THE DRUG AND THE DOSE)? |

| |
|---|
| |
| ⬇ DOES THE CHILD WEAR GLASSES, CONTACT LENSES, BRACES OR OTHER? |
| |
| ⬇ DOES THE CHILD KNOW HOW TO SWIM? |
| ☐ YES ☐ NO |
| ⬇ PAST DISEASES: (FILL THE YEAR) |
| ☐ MEASLES ☐ SMALLPOX ☐ RUBELLA ☐ MUMPS ☐ OTHER |
| ⬇ VACCINATIONS |
| ☐ TETANUS ☐ DIPHTERIA ☐ TYPHOID ☐ OTHERS |
| ⬇ OTHER SPECIAL NEEDS |
| |

**8. Parent's / Guardian's statements** (filled by the parent / legal guardian)

| | |
|---|---|
| ☐ | I declare that I have read and fully accept the program of the Camp, General Terms & Conditions of Participation. |
| ☐ | I consent to my child's participation in Youth is the Future Camp including all movement activities and other events included in the camp's program under the parents' or entrusted temporary guardian's supervision. I declare that there are no medical contraindications to the child's participation in intense physical exercises. |
| ☐ | I declare that in this card I gave all known to me information that can help to provide my child with proper care. |
| ☐ | I've been informed and I accept that:<br>- Camp Participants are not allowed to have and consume any alcohol, tobacco or drugs.<br>- In case of breaching the camp's Rules, Terms & Conditions participant can be expelled from the camp and transported back home on parents' cost.<br>- Parents/Guardians are responsible for the cost of any damages made by a child. |
| ☐ | In the event of danger to the child's health or life, I agree to his/her hospital treatment, diagnostic procedures, operations and administration of medications. |
| ☐ | I consent to the processing of personal data contained in this qualification card in the extent necessary for the safety and health of the child. |

| ⬇ PLACE AND DATE | ⬇ PARENT'S / LEGAL GUARDIAN'S SIGNATURE |
|---|---|
| | |

**9. Decisions, confirmations, observations of the organizer or the tutor** (filled by the organizer)

| |
|---|
| ⬇ ORGANIZER'S DECISION TO CLASSIFY THE PARTICIPANT |
| |
| ⬇ CONFIRMATION OF THE STAY AND INFORMATION ABOUT THE STATE OF HEALTH OF THE CHILD DURING STAY |
| |