

REGISTRATION FORM

GYS 2017
Gran Paradiso National Park
Western Alps - Italy
July, 9th-15th 2017

FEDERATION: _____

FED. ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL: _____

PARTICIPANT:

Name and Family Name			Sex	
Date of Birth		Email		
Address				
Telephone		Fax		
Mobile telephone				
Passport number		Date of expiry		
Date of issuing and city				
Please indicate your language preferences.				
Spoken languages	1.	2.		
Special diets: <input type="checkbox"/> vegetarian <input type="checkbox"/> Eat variety <input type="checkbox"/> allergies and intolerances <input type="checkbox"/> special diet Details:				
Do you have any Special medical needs or allergies that we should be aware of?				
Name and telephone numbers of a person we can contact in the event of an emergency				

If you have more participants, please use another copy of this form.

Date and time of arrival and **transport** you plan to use (and number of train or flight) :

- By train _____

- By plane _____

Insurance: Participants should have a collective or individual insurance policy, which guarantees covering the expenses of the rescue operations if an accident happens to them in Italy. In addition third party liability, accident and travel insurance should be acquired. Please bring a copy of your insurance with you.

Name of the insurance company:

Policy number: _____

Participants applying for a UIAA Global Youth Summit event also acknowledge and accept that:

- **Safety is a primary concern at UIAA Global Youth Summit Events, but as with all the forms of climbing/mountaineering there is a danger of personal injury or death. The participant must strictly follow the rules given by the leaders.**

- **Participants at UIAA Global Youth Summit events, and their parents if younger than 18, accept the risks of participation and are responsible for their own actions, which should take account of relevant circumstances such as changing weather conditions.**

- **To take part it is necessary to be medically fit to do the activity and have valid liability and accident insurance which is valid in the country of the event and which covers rescue and repatriation. Please bring a copy of your insurance with you to show the organizers. The alcohol consumption by the young people is forbidden during the camp.**

The candidate participation must be approved and confirmed by his country Mountain Federation with the Federation's stamp and Federation's President Signature (or authorized representative signature)

Stamp

Signature _____

Signed: _____
(Parents or participant if over 18)

Date: _____

Registration deadline : June, 15th 2107

Please send this registration form to:

**Club Alpino Italiano
Attention to: Rosella Chinellato - UIAA Youth Commission Representative for CAI**

Mail : rosella.chinellato@gmail.com