Applican	its YCE	Stu	ıde	nts f	ro	m:									
Teel Canpo A Tuchange				You	th	Camp	And	ERNATIOI d Exchang EMNITY F	je						
Instructions:	The Applie	cant, h	is/her	parent	s, a	nd the i	respo	onsible Lions	shall complete	e all	sectio	ons of tl	nis for	m	
Compulsory attachme copy of the applicant' scan of visa if any, a s 4rd page of this AF wi	's passport or can of your E	r identit Europea	ty card In Healt	(ID) or C th Insura	NI o nce	or an equ Card (El	iivaler HIC) fo	nt identificatio or applicants c	on document as i out of Europe a s	requir simila	ed for	the app	lied cou	untrie	es,
In accordance with th • Prior to disclosing a data. • All personal data, a disclosed to and share extent that disclosing Exchange Program. • All personal information countries where local that all deferred personal	ny personal o nd pictures ta ed among tho such informa ation pertaini l regulations	data all aken du ose Lior ation is ing to th state th	Lions a uring hi ns and a essenti ne Appl at they	nd appo s/her sta appointe ial to car icants w	inte ay , o ed Ag rry o vill b e ret	ed Agents of the Yo gents wh out duties e erased tained fo	s will e outh E no are s and I upon or a ce	enter into a co xchange Appli entitled to m responsibilitie the completio	onfidentiality agr cants contained anage the Youth as connected to the on of the Youth	within Exch Exch Excha	ent pro in thes ange F npleme ange Pr	etecting t e forms Program, entation rograms,	will onl and or of the except	ly be hly to Youth t in	o such h
I. PREFERRED YOU		ND EX	CHAN	GE ALTE	ERN	ATIVES				_					
Possible dates for e	xchange			From:			То:								
1st Country (& Cam	ıp) preferen	nce						Camp:							
2nd Country (& Car	np) prefere	nce						Camp:							
3rd Country (& Can	np) preferer	nce						Camp:							
Final destination (o	only for YCE	C!)						Family & camp F			Family c	amily only			
IMPORTANT !! Make	sure when y	you fill	in your					of camp AND correct age.	homestay mate	h wit	h date	es you ar	e availa	able.	Also
II. APPLICANT's BA	ASIC DATA;	(if not	availa						request" or m	entic	on "N	O")			
Family Name:				First N	am	e:			Nickname						
Male (M) or Female	∍ (F):			Date o	of bi	irth (dd/	/mm/	[/] yyyy):			-	e on 7/2025			
Street address:															
Postal code:				Town:						State	ē				
Country:				Email:											
Phone(home):				Mobile	e:										
Nationality:				Passpo	ort/	ID/CNI I	Numt	per:							
Passport/ID/CNI						ID/CNI									
valid until: Have you previously participated in a Lions				place of issue:											
		ed in a	Lions	Youth E	xch	iange Pr	rogra	m?(X)		Yes			No		
If yes, where and w															
Hobbies & Other in							1	1							
Knowledge of Englis		Good	F	air		None		T-shirt size	(S, M, L, XL, XX	(L):					
Other languages sp	oken:														
Field of study:															

Are you a LEO (X):

Yes

Norway /

/

2025

/

Year / Country / MD / District / Number:

Career objective:

Religion:

MD 104 Distr

Nr.

No

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	ry and	Insura	nce Da	ita								
Capable to participa	ate in sport act	tivities	? (yes/ı	no)		Can y			you swim (yes/no)				
Do you smoke (yes/no)		getaria es/no)	n		Ve	gan (ye	gan (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/Other dietary requirements: (X)		No		Yes		If Ye	s : spe	cify					
Allergies: animal, in	sect, food	No		Yes		If Ye	s : spe	cify					
Health Insurance Co	ompany:								Policy	no:			
Liability Insurance C	Company:		Policy no:										
Any other point to be noticed:													
Covid19 information		Full v	Full vaccination Yes				No						
Family Doctor if you have one: Name:		e:											
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 w	vho is signin	ig this		Lion: Yes/no	
form					
Contact address					
Contact Phone: +			Contact Mobile phone: +		
Contact in case of eme	rgency	E-mail:		Mob. Phone:	

V. RESPONSIBLE LIONS CLUB DATA

Lions Club:						District:			
Club Chairpe	rson:					Mob. Phone			
E-mail:		r							
Basis of fina	ncing of th	ne exchange (X):	By applicant:	By family:	By	sponsor club:		Others	
With the affi	xed signat	ure I certify that a	applicant is qualifie	d to participate in the	Lions Int	ernational Yo	uth Cam	p and	
Exchange Pro	ogram, an	d that he/she and	the family have be	een fully informed of t	he progra	ım's regulatio	ns and o	bjectives.	
Including the	e responsit	pility to host incor	ning youth in exch	ange if any has been c	organized.				

VI. LIONS MULTI DISTRICT OR DISTRICT DATA

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

VII. AUTHORIZED YCE CHAIRPERSON RESPONSIBLE AND CONTROLLER FOR THIS FORM

Name:	Stefan Trygve Soos	District: D or MD Nr.	104
E-mail:	mdyc@lions.no		
Mobile	+47 900 54 623		

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. I / We also agree

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?	YES	If "Yes" you must fill in chapter X
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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	D/MD Name MD-YCEC Stefan Trygve Soos									

Controller:			
Stefan Trygve	Soos		
Mobile	+47 900 54 623	E-mail	mdyc@lions.no
Data protectior	n 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 You	XI. Lions Youth Camp Exchange DPA Information form					
D/MD Data I	Protection Authority (DPA)					
Name:	Stefan Trygve Soos					
URL	11					
Phone	+47 900 54 623					
Address	Almveien 14, 1659 Torp Norway					
E-mail	mdyc@lions.no					

XII. SIGNATURES

Applicant name					
signature		Date:			
Parent / Guardian name					
signature		Date:			
Club representative name	/	Date:			
signature		Date.			
MD or D YCE name					
signature		Date:			
Auth YCE chairperson & Controller	Stefan Trygve Soos				
signature		Date:			
Year / Country / MD / Dis	trict / Number: / 2025 / Norway	/ MD	104	Distr	Nr.