

SEMINAR CAMP

S-2010-13

LITHUANIA

2010

PRECAMP 2

27 march 2010

cisvlithuania2010@gmail.com

SEMINAR CAMP LITHUANIA 2010

Hello guys!

You are being invited to start a great and unforgettable journey right now. Are you ready for it?

Have a sit because our Seminar camp is taking its first steps with you reading the pre camp #2! This will give you all the information you need to start getting ready for the camp. Of course there is a lot more, but we are not telling you everything right away so we don't ruin all the cool surprises!

So, let's do this!

Be welcome to CISV Seminar Camp! This year we are getting together in Lithuania! So get ready for the best time this summer!

Let us briefly introduce ourselves... We are Adi from Brazil, Ruta and Justas from Lithuania, Frederic from Canada, and Gabriel from Chile! We are very glad and excited for the chance of spending all this amazing time with you guys, and we'll do our best so this seminar can be an experience that you'll never forget!

This journey starts today! We will give you some details about the camp, important information that you must know and our details so you can reach us anytime you want for what you guys need. We are choosing the coolest spot in the country so we can all have fun and enjoy these 3 weeks!

We know you are receiving this file in America, Europe, Asia, or anywhere else in the world! Your cultures, experiences, ideas have an extremely important value for us! From the 24th of July until the 13th of August we will be just one, and to become that we need your enthusiasm! Now the world is us, and for the benefit of everyone!

Seminar camp is all about this! We will have an environment where participants are encourage developing their own themes, to explore issues and learn about individual, international and multicultural matters, so that way we can make possible a conflict resolution and relate in a better way with the people that surrounds us!

Be prepared to take the wheels. Activities and plans will be up to you guys. Bring your activity books and all the experience you can so we can make the most out of our time together. Be creative, dream, play... this is what our camp is about!

Let us take you down to the lands of Eastern Europe where we'll have the power to create our own world, enjoy every single moment and be happy!

Welcome to CISV,
The Staff team !!

SEMINAR CAMP LITHUANIA 2010

Question words....

WHEN ?
From July 24th

Not after 10 am !!!

To...

August 13th

Not before 14 pm !!

*please book your flight before and after those hours !

We will arrange your **transportation** to the camp site and back to the airport the best way possible. If you come earlier or have to leave a little later, we will arrange a **host family** to take care of you.

PTIF:

Travel information form:

<http://resources.cisv.org/docs/main?action=document.view&id=83>

why ? to make sure you arrive safe at camp !!

WHERE ?

Vilnius International Airport (VNO)

Or...

Vilnius Train Station

As soon as you know your arrival and departure times please let us know by sending us the Travel Information form which is found at:

<http://resources.cisv.org/docs/main?action=document.view&id=83>

cisvlithuania2010@gmail.com

after compiling all those information we will tell more in precamp3 what is

*all forms can also be found at the end of this precamp! J



SEMINAR CAMP LITHUANIA 2010

WHO ?

So far there is people coming from :

Brazil (1), Denmark(1), Ecuador(2), Estonia(2), Finland(2), France (2), Georgia(2), Germany(2), Israel(1), Italy(2), Lithuania(2), Mexico(1), Portugal(1) and United States of America(2)

...And your super staff team is :

J * = Adi (Brazil)

J * = Gabi (Chile)

J * = Fred (Canada)

J * = Ruta (Lithuania)

J * = Justas (Lithuania)

*the quality of those 5 pictures will be better in precamp 3 !!!

Let us know if your country is not on the list
so we can update it for precamp 3 !!

cisvlithuania2010@gmail.com

Facebook :

If you want, you can join the facebook group :

<http://www.facebook.com/group.php?gid=104284682936688>

but to certify that you not a crazy stalker that didn't belongs to our camp, only people that are already registered on the official "friends.cisv.org" website will be able to join the facebook group ! yeah !
>>see more info about that on the last page of this precamp

HOW MUCH ?

Lithuanian currency is the **Litas** (lt).

1 Litas = 0,29 Euros = 0,39 USD

We suggest you to bring about **150 Euros (or 520 lt, or 200 USD)**

The money can be exchanged at the airport at the arrival. Remember that we won't have much opportunity to exchange money later.

>>> check out the "about Lithuania" section to have exemple of prices !

Emergency money:

You should have access to emergency money to pay for unexpected costs such as medical treatment, travel transportation and others that we hope won't happen....

So, for that we suggest 690 Lt (200 Euros / 268 USD). It can be in cash, or credit card, or debit card (**But cards are not practical at all where we are gonna be keep that in mind !!**)

As in accordance with CISV International rules, a **safe** will be available for you to keep special documents, money or valuables for the duration of the camp. Each one will be given a special folder or envelope in which they can place their items to go into the safe.

SUPER*

IMPORTANT!

(*one whole page is dedicated to this So read carefully J)

PLEASE let us know **as soon as possible** if you have any requirements regarding food,

...if you are a vegetarian,
....if you have any food restrictions,
.....or if you have food allergies of any kind.

Also,

..if you have any requirements regarding your health,

...allergies or anything else,
Let us know, please!

The sooner we know all of that, the more prepared we'll be when you arrive!

In addition,
if you use any kind of medication, you must remember to bring all you need with
you, including a prescription in English for it !!!! (also for your glasses, just in
case!)

J

....our email again? : cisvlithuania2010@gmail.com

SEMINAR CAMP LITHUANIA 2010

PRACTICAL TRAVELING STUFF :

PASSPORT

You must have a valid passport to enter in Lithuania.

Please make sure that your passport will not expire before 6 months after the camp.

VISA-REQUIREMNT

Some countries may require a tourist VISA to enter Lithuania.

Contact the local Lithuania Embassy /Consulate in your country for information.

Sometimes the visa application procedure can take a long time! Find out as soon as possible if you require a visa, and if so, start the application process now and do not wait until it is too late. Let us know if you have any questions or if you require a formal invitation.

Ministries of Foreign Affairs for Lithuania: www.urm.lt

Ministries of Foreign
Affairs for Lithuania:
www.urm.lt

YO, travel stuff again...

VACCINATION

Check out if there is a vaccination requirement in order to get to Lithuania.

INSURANCE

Everyone, Make sure you have a valid health/accident insurance that covers your stay in Lithuania including travelling days. Check the insurance policy, its procedures and the contact in the country in case of emergency. And bring the papers with you !

TWAL

HF

CAMP LOCATION ?

We will stay a in a fabulous place close to our chapter, Vilnius. It has place for all of us to be comfortable and do our activities. More information will be sent in the next pre camp. Just wait and see, you will be **amazed** !!!

>RULES AND POLICIES< OF OUR CAMP

Non-prescription drugs are absolutely prohibited at the camp (this includes marijuana). Anyone found to have drugs in their possession will be treated in accordance with CISV International regulations: they will be sent home at their own expense. This is a serious issue, and we expect that you will respect the laws and rules of both Lithuania and CISV.

Remember that while you are in other countries, the laws of those countries are the governing factors over your behavior. If you break the law in another country, ignorance is not an excuse. Please remember that you are subject to punishment under the country's laws, and CISV nor your own country can help you if you find yourself in this position.

There are also a number of other points we ask you to consider. Alcohol and sex is not to be used at all during Seminar programs and activities of an educational nature.

Please read, and get familiar with CISV International's expectations and guidelines for participants in CISV Programs. We will follow these guidelines at the camp. Please note that any discrimination of any sort will not be tolerated at this camp.

P.S. the age to buy cigarettes in Lithuania is 18. So if you smoke and are under 18, it will be impossible for you to buy cigarettes while camp, and none of the staff is allowed to buy for you. But if you want, you can bring packs of cigarettes with you in your luggage. Make sure to check what is the limit allowed to carry from your country to here.

You can read more about that here :

["S-8.2 Rules & Policies"](#) (go to section S-8.2)

<http://resources.cisv.org/docs/main?action=document.view&id=19>

More precisions are gonna come in precamp 3.

SEMINAR CAMP LITHUANIA 2010



About LITHUANIA!



Lithuania is a small piece of land at the Baltic Sea in the geographical centre of Europe. On the map of Europe Lithuania can hardly catch your attention, because its area is only 65,000 sq. km. The borders of our country stretch for more than 1800 km. In the North it borders Latvia, in the East and in the South Belorussia, in the South – West Poland and the Kaliningrad Region of the Russian Federation. The amber coastline with beautiful whitish beaches stretches for 99 km of the country's West failor. You may observe a carpet of fields spotted with blue lakes, wrinkled hills and sites of ancient towns so sweet to everybody's glance and heart. Hidden villages, small towns and cities cling close to rivers, lakes. The Eastern Aukštaitija is the land lovely created by nature. It's the kingdom of lakes and woods. In Lithuania there are over 4,000 lakes, ponds and more than 700 rivers. The longest river is the Nemunas. The other longest river is the Neris. Lithuania was first mentioned in 1009. Vilnius is the capital and the largest city of our country. Vilnius is famous for its architectural monuments and its university.



<http://www.youtube.com/watch?v=NTF1T77NdA8&feature=related>

http://www.youtube.com/watch?v=v_baiTuFJWo&feature=related

average monthly temperature

Vidutinė daugiametė temperatūra Lietuvoje (°C)												
Mėnesis	Sau	Vas	Kov	Bal	Geg	Bir	Lie	Rug	Rug	Spa	Lap	Gru
Jutinė šilčiausia	-2	-2	+5	+14	+15	+16,4	+17,5	+15	+13	+10	+5	0
Jutinė vėsiausia	-5	-5	-2	0	8	10	+11	+10	+8	+2	0	-5

Extreme temperatures in Lithuania (°C)												
Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Highest Temperatures	+12.6	+16.5	+21.8	+28.8	+34	+35	+37.5	+36	+32	+26	+18	+15.6
Lowest Temperatures	-40.5	-42.9	-37.5	-23.0	-6.8	-2.8	+0.9	-2.9	-6.3	-19.5	-23	-34

SEMINAR CAMP LITHUANIA 2010



About LITHUANIA!



average prices you can find in Lithuania :



Coco cola 2l cost 4 Lt



0,5l cost 2lt



Ice cream 120 ml cost 1-2lt



Snickers 50 g cost 1-1,30 Lt



Chocolate 100g cost 2-3 Lt



Pizza normal size around 20 Lt

Mcdonalds food:

Hamburger kit cost around 10 Lt

Others:

Kiekvienas tik **2,95 Lt**

Mėsainis su sūriu

Vidutinė porcija keptų bulvyčių

McSundae™ ledai

Ledų kokteilis, 0,3 l

Mėsainis

McToast™ sumuštinis su dvigubu sūriu

each !!

1 Litas = 0,29 Euros = 0,39 USD

SEMINAR CAMP LITHUANIA 2010

FABULOUS FORMS!

Here is the information about all the forms you need to have filled....

P.T.I.F.

Travel Information Form (1 page)

When ?
AS SOON AS POSSIBLE,
Right after you booked your
travel.

To be send by email to :
cisvlithuania2010@gmail.com

H.F.

Health Form (2 pages)

When ?
to be filled **in English** and signed
by a doctor, no more than 3
months before camp (**So DON'T
fill it up before april 24th !!**)

bring the HF with you at camp.
Make photocopies, so you bring at
least 3. (you can leave a
photocopy at your home too)

T.W.A.L.

Youth Traveling Alone (4 pages)

When ?
As soon as you have a travel
insurance. To be signed by you
AND your **parent**. Also make sure
to tick the swimming permission!

bring the TWAL with you at camp.
Make photocopies, so you bring at
least 3. (you can leave a
photocopy at your home too)

Friends.cisv.org

When ?
NOW !!!!! you can't come to camp
if you are not registered under our
camp in this website database !!

This is now mandatory in an
international CISV program to
register on friends.cisv.org,

If you don't already have an
account , You can to Follow the
How-to steps on the next page!

Our program # is : **S-2010-13**

PTIF: <http://resources.cisv.org/docs/main?action=document.view&id=83>

HF: <http://resources.cisv.org/docs/main?action=document.view&id=2>

TWAL : <http://resources.cisv.org/docs/main?action=document.view&id=160>

CISV FIRENDS: <http://friends.cisv.org/>

FRIENDS.CISV.ORG how-to

To register, follow these six small steps:

1. Go to <http://friends.cisv.org>
2. Select [REGISTER]
3. "Read" through the conditions and select [ACCEPT]
4. Fill in name and address (and make sure you indicate your personal e-mail address).
5. Select [REGISTER]
6. Check your e-mail inbox to confirm your registration by clicking on the link in the e-mail. (Once confirmed, you will receive your password to login through your e-mail address).

When this is done, claim participation in our programme! (Look for our code: S-2010-13)

1. Go to <http://friends.cisv.org>
2. Select [FIND ACTIVITY].
3. Select SEMINAR CAMP.
4. Select 2010.
5. Select LITHUANIA.
6. Select the activity by clicking [VIEW].
7. Scroll to the bottom of the page to 'can't find your name?' and click on [HERE].
8. Fill in the Activity Claim Form and click on [SEND].

When we approve your claim you will receive an e-mail confirming you that your Pre-registration is complete. Good luck!

NOTE : it's also important that you write your real postal address, since we will use that website to generate the "address book" for everyone to keep in touch at the end of our camp !!

Any problem ? don't hesitate to contact us :

cisvlithuania2010@gmail.com

(we will never write it too often, ahah!)

SEMINAR CAMP LITHUANIA 2010

As we said on the previous page ...
Here is the email to reach the staff :



cisvlithuania2010@gmail.com



feel free to write us about any questions or concern you may have, we will be happy to hear from you, and are gonna answer the best we can!

Ciao caio from the staff team,
Adi, Fred, Ruta, Gabi, Justas
Xoxoxox

P.S. The following pages are FORMS that you may print !

*Since there's an empty space at the bottom of this page, ...Here's a little game :

Place the following items in order of chronological and logical priority...

A = join the facebook group ...

B = register on friends.cisv.org ...

C = tell us "hi, my name and my country is .." via email ...

D = get your HF done by a doctor

E = buy your plane ticket

To get the answer, select the line of text below this box and copy and paste it somewhere else J

Travel Information Form

This form is to be completed by or on behalf of every participant in a CISV international programme. It provides the host chapter with precise information on the participants' travel plans. The host chapter requires this information so that they can make the necessary arrangements. **Please send this information 2 months in advance of the programme, to the secretary of the host National Association (NA).** For Interchange, please also send a copy directly to the Local Interchange Coordinator (LIC). *Thanks for your cooperation.*

To (host NA):		From (sending chapter):	
Reference # of CISV programme			
Total number of participants from the sending chapter to this programme:			

This form relates to the participants listed below. If participants have different travel arrangements, a separate form should be sent for each group / route.

Type of participant	Number	Name(s)
Delegates <i>(Youth members of Village, Interchange, Summer and Seminar Camp or IYM delegation or Youth/adult members of IPP delegation)</i>		1. 7. 2. 8. 3. 9. 4. 10. 5. 11. 6. 12.
Adult Leader		
Junior Leader (Interchange)		
Junior Counsellor (JC)		

ARRIVAL – The above participant(s) will arrive at (please fill in the correct information):

TRAIN	Name of Train Station	Date of arrival (day / month / year)	Local time of arrival	Where is the train coming from?

AIR	Name or Code of Airport	Name of Airline and flight number	Date of arrival (day / month / year)	Local time of arrival	Where is the plane coming from?

*Arrival date should not be more than 2 days prior to the start of the programme. For Interchange, the programme begins on the day of arrival in the host NA.

DEPARTURE – Our participant(s) will leave following the programme from:

TRAIN	Name of Train Station	Date of departure (day / month / year)	Local time of departure	Where is the train going?

AIR	Name or Code of Airport	Name of Airline and flight number	Date of departure (day / month / year)	Local time of departure	Where is the plane going?

Name and address of the person whom the host chapter should contact if any questions arise regarding travel arrangements (For example, the sending NA secretary or sending chapter representative). If you would like to give a second contact, please just copy and paste this address box and fill in the relevant information.

Given Name and Surname			
Position in the NA/Chapter			
Number & Street			
Town/City and State/Province			
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Telephone			
Fax			
Mobile Number			
E mail			



CHILDREN'S INTERNATIONAL SUMMER VILLAGES

AN INDEPENDENT, NON - POLITICAL, VOLUNTEER ORGANIZATION PROMOTING PEACE EDUCATION AND CROSS - CULTURAL FRIENDSHIP

CISV Health Form – HF 2000 Please complete in English either by typing or by hand in black ink, using capital letters).

This form must be completed and signed no more than **3 months** before participation in the CISV International programme. Please take the signed original to the programme along with one copy and leave a copy with the sending chapter.

Participant's family name:

Gender: Male Female

first / given names:

Date of Birth: / /
 dd mm yyyy

Participant will attend CISV activity in (Host Nation):

Total days away from home:

In case of Emergency please contact:

Name:

Language spoken:

Telephone (Home): / /
 Codes: Nation Area number

Telephone (Office) / /
 Codes: Nation Area number

Physician's Declaration Concerning CISV Participant:

Height (cm)

Weight (kg)

Blood Pressure

/ Stomach Palpitation

Heart / Lung Stethoscopy

Hernia: Yes No

Menstrual Disorder: Yes No

This CISV participant has received all recommended vaccinations for travel to the host nation: Yes No

Is the general physical condition:

Normal Abnormal

Is the general emotional / mental condition:

Normal Abnormal

Is vision / hearing:

Normal Abnormal

Is the nutritional condition:

Normal Abnormal

Is there evidence of alcohol or drug dependence? Yes No

Is there evidence of infectious disorders and / or sexually transmitted disease: Yes No

Details of Abnormal findings and / or other comments (including past infections & chronic / recurring conditions):

Medication: (Prescription or over the counter / self-medication). **Please ensure sufficient supply for trip's duration.**

Is participant taking medication? Yes No If yes, state condition being treated:

Brand name	Generic Chemical Description	Dosage:			Renewable Prescription
		Morning	Noon	Evening	
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Medication Instructions (with / before / after meals, at bedtime, etc, and contraindications, not with food / alcohol, etc):

This Participant may take part in all activities with the following **Restrictions** or **Recommendations:** None

Details of limitation on participation (if any):

Signature:

Examining Physician

Name (please print)

Examining Physician

Date: / /
 dd mm yyyy

I am am not the CISV participant's "usual" physician.

In case of hospitalization by CISV, participant's medical records are available from:

Name (please print):

Physician / Hospital

Telephone: / /

Codes: Nation Area Records Office

NB: This information is confidential. It will be destroyed as provided by law. The only official text for this form is this English edition.

Parent / Adult Participant, please complete in English. For international use, please complete and carry official English language forms.

Participant's name: Country:

Medical History: Apart from minor childhood illnesses, is the participant's health generally good? Yes No

Yes	No	Year	Infection History
<input type="checkbox"/>	<input type="checkbox"/>		Measles (Rubeola)
<input type="checkbox"/>	<input type="checkbox"/>		Mumps
<input type="checkbox"/>	<input type="checkbox"/>		Rubella
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox (Varicella)
<input type="checkbox"/>	<input type="checkbox"/>		Whooping Cough (Pertussis)
<input type="checkbox"/>	<input type="checkbox"/>		Scarlet Fever (Scarlatina)
<input type="checkbox"/>	<input type="checkbox"/>		Rheumatic Fever
<input type="checkbox"/>	<input type="checkbox"/>		Otitis (inflammation of the ear)
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis (specify)
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis
<input type="checkbox"/>	<input type="checkbox"/>		Yellow Fever
<input type="checkbox"/>	<input type="checkbox"/>		Malaria
<input type="checkbox"/>	<input type="checkbox"/>		Frequent Tonsillitis
<input type="checkbox"/>	<input type="checkbox"/>		Sinusitis
<input type="checkbox"/>	<input type="checkbox"/>		Bronchitis
<input type="checkbox"/>	<input type="checkbox"/>		Pneumococcal Infections
<input type="checkbox"/>	<input type="checkbox"/>		Streptococcal Infections
<input type="checkbox"/>	<input type="checkbox"/>		Staphylococcal Infections
<input type="checkbox"/>	<input type="checkbox"/>		Tuberculosis (TB)
			Chest X-ray Result

Immunization History:		Yes	No	Year	Booster
Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>			
Mumps	<input type="checkbox"/>	<input type="checkbox"/>			
Rubella	<input type="checkbox"/>	<input type="checkbox"/>			
Chicken Pox (Varicella)	<input type="checkbox"/>	<input type="checkbox"/>			
Polio	<input type="checkbox"/>	<input type="checkbox"/>			
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>			
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/>			
HNIG (human normal immunoglobulin)	<input type="checkbox"/>	<input type="checkbox"/>			
Hepatitis (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Meningitis (specify Hib <input type="checkbox"/> or C <input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>			
Yellow Fever	<input type="checkbox"/>	<input type="checkbox"/>			
Malaria Prevention (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Typhoid	<input type="checkbox"/>	<input type="checkbox"/>			
Influenza (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Encephalitis (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			
Tuberculin (BCG)	<input type="checkbox"/>	<input type="checkbox"/>			
Alternative / additional TB test information (if any):					
TB Test (tick <input checked="" type="checkbox"/> below)		Test Date	Result		
Mantoux / PPD <input type="checkbox"/> or Heaf / Tine <input type="checkbox"/>					

Yes No Year Hospitalization History

- Diseases / injuries requiring X-ray examination (specify):
- Illnesses requiring hospitalization (specify):
- Injuries requiring hospitalization (specify):

Yes No Chronic Conditions & Recurring Medical Problems

- 01.** Drug reactions (specify drug & reaction, give details)
- 02.** Other allergic reactions (food, animal, plant, give details)
- 03.** Asthma or other lung / respiratory disorder (give details)
- 04.** Enuresis (bed wetting)
- 05.** Endocrinal disorder: Diabetes Thyroid (give details)
- 06.** Epilepsy
- 07.** Gynaecological / Menstrual disorder
- 08.** Kidney / stomach disorder (give details)
- 09.** Heart / blood pressure disorder (give details)
- 10.** Ear / nose / throat disorder (give details)
- 11.** Frequent Diarrhoea or Dysentery
- 12.** Sleep disorder
- 13.** Other disorders (give details)
- 14.** Emotional / behavioural counselling (give details)
- 15.** Wears braces or has "caps" / artificial teeth
- 16.** Glasses / contact lenses (**carry copy of prescription**)
- 17.** Physical limitations (give details)
- 18.** Special diet (give details)

Details (re past / chronic / recurring conditions)

Signature: _____
of Participant's Parent / Adult Delegate / Staff (as relevant)

Date: / /
 dd mm yyyy

Youth Travelling Alone Legal Information Form - Appointment of Temporary Guardian for Medical Care, Release and Consents (TWAL)

This form relates to youth participants (aged 16 to 20 inclusive) and is to be completed by the youth participants and a parent / legal guardian. The participant must carry the signed original plus two copies to the CISV international programme. A copy should also be left with the participant's home CISV Chapter. *Note. In this form, unless otherwise specified, "CISV" includes CISV International Ltd, all National and Promotional Associations, together with all leaders, staff, volunteers, employees, agents, members. Signing this form is a condition of participation in the CISV Programme noted below.*

Full Name of Participant		Participant's Date of Birth (day / month / year)	
CISV Programme (e.g. Village 2004-36)		Host National Association (Country)	
Full Name of Participant's Parent or Legal Guardian			
Emergency Contact information that CISV can use during the Programme			
Name			
Number & Street			
Town / City		Area / State / Province	
Country		Postcode / Zip code	
	Country Code	Area Code	Local Number
Telephone			
Mobile Number			
Fax Number			
E mail			
Alternate Emergency contact phone number			

Part 1: Authorization for Participant to travel alone

I give permission for my child to travel alone to and from the CISV Programme.

Part 2: Appointment of Temporary Guardian of Participant

I hereby appoint CISV personnel (Programme Staff or Host Family) from the Host Country named above as a Temporary Guardian of the participant named above for the purposes of consenting to medical treatment and providing prescribed medication. This Appointment is valid for the period stated below.

From (day/month/year)		To (day/month/year)	
------------------------------	--	----------------------------	--

Part 3: Health Form

I understand that I must provide a properly completed CISV Health Form in order for the Participant to attend the CISV Programme named above.

Part 4: Medical Insurance & Financial Responsibility for Medical Treatment

I understand that the Participant must have medical insurance in order to participate in this CISV Programme. Proof of medical insurance must be provided below or attached to this form. If the insurance is not accepted or does not pay, I accept financial responsibility for the necessary medical expenses of the participant.

Part 5: Proof of Medical Insurance

If you have private medical insurance, please tell us the name of the insurance company and attach a copy of your insurance card or other proof of insurance that can be provided to a doctor or hospital.

Name of Insurance Company	
<i>(Please tell us the policy number)</i>	

If you have national medical insurance or insurance provided by CISV International or your National Association, please tell us which insurance you have and attach a copy of the proof of insurance you have received.

	Tick one
National / Regional Health Insurance Policy <i>(Please specify the country and policy number below)</i>	
AON medical insurance arranged by your National Association through CISV International	
AON medical insurance arranged individually by you through CISV International	
Other medical insurance provided by your National Association	

Part 6: Legal Release & Responsibility to Pay for Damage *(see Note of Explanation at the end of this form)*

I understand the nature of the CISV Programme noted above and I consider my child / myself to be capable of taking part in it.

I agree not to make a claim or file a lawsuit against CISV if my child is / I am injured while travelling to / from and participating in the above Programme, unless there has been gross negligence on the part of CISV.

My child and I understand that CISV participants are expected to conduct themselves in accordance with local laws and CISV rules. If my child / I engage(s) in inappropriate behaviour he / she / I may be sent home before the end of the Programme at CISV's discretion. I will cover the costs of this trip.

I also agree to pay for any damage or injury caused by my child / myself.

Part 7: Membership

I understand that as part of participation in the above Programme, the Participant is an Individual Activity Member in CISV International. I agree that CISV will keep a record of the participant's name and contact details, will use this information for internal administration of membership and participation and may contact the participant in the future with information about the organization.

Part 8: Permission to Use of Images and Art or Written Work

I agree that CISV may use and publish photographs, artwork, and written work as well as video and audiotape created as part of participation in the CISV Programme. CISV may use these items in the production of educational or promotional materials including web pages. These items may be used and published with a child / youth's first name (or nickname), age and nationality. Unless specific parental consent is obtained, children / youth will not be identified by full name.

Part 9: Permission to Swim

I give my child permission to participate in swimming and other water activities. My child's swimming ability

Swimming Ability (tick one)	None		Some		Good Swimmer	
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Part 10: Use of the CISV Friends website

I give permission for the participant to register on the CISV Friends website. CISV Friends is designed to assist CISV with its administration of the CISV Programme and to help CISV participants to stay in touch with each other after the CISV Programme.

Part 11: Research on CISV Programmes

In addition to its educational programmes, CISV works to promote research in the field of intercultural education and relations. I give permission for my child to participate in approved research projects. Unless specific parental consent is obtained, children will not be identified by full name. For further information, please see CISV International’s Amended Research Guidelines (Info-File R-04) available at <http://resources.cisv.org>.

Part 12: Signatures

As proof of:

- permitting my child to travel alone as noted in Part 1 above;
- appointing the CISV personnel as Temporary Guardian as noted in Part 2 above;
- understanding the requirement of a properly completed Health Form as noted in Part 3 above;
- accepting the insurance requirement and financial responsibility as noted in Part 4 above;
- the insurance information provided in Part 5 above;
- accepting my obligations and the release and conditions / terms noted in Part 6 above;
- All other permissions noted in Parts 7 through 11 above

I have signed this legal document on the date stated immediately below.

Signature of Parent or Legal Guardian		
		(Day / Month / Year)

Signature of the Participant		
		(Day / Month / Year)

Witness

Before you sign this document, you should have somebody there who can act as a witness. Please ask them to sign below to say that they saw you sign this form. As CISV operates in many different countries and some require that signatures be witnessed, CISV asks that this practice be followed in all cases. The witness must be aged 21 or over. It is recommended (but not necessary) that the witness be a member of your CISV Chapter.

Signature of Witness		
		Day / Month / Year of signature
Printed name of witness		
Date of birth of witness		

Notary (This space is for the official Seal and/or Signature of a Notary or witness if legally required by either the Participant or Host’s National Association.)

NOTE OF EXPLANATION

For over fifty years, CISV has worked to increase cross-cultural understanding among the children and youth of the world. Thousands of young people have been transformed by personal experience through CISV's multi-cultural educational programmes. Since the first Village in 1951, CISV volunteers have worked to provide healthy and secure opportunities for our participants to learn about the world and themselves. We are proud of our results and work hard to earn the trust of parents who allow their children to participate in CISV.

Although the health and safety of all CISV participants is of great importance to the world-wide network of volunteers that make the CISV programme possible, in recent years, the cost of property and liability insurance has increased steadily despite our risk management programme.

In order to ensure the continued operation of its programme, CISV International requires a liability release as a condition of participation. For this reason, in order to participate as a CISV delegate, a parent or legal guardian of all youth participants under the age of 21, must sign a Legal Release & Responsibility to Pay for Damage (contained in the YLIF and TWAL). All participants age 16 or older, including all leaders and staff, must also sign the Legal Release & Responsibility to Pay for Damage (contained in the TWAL or ALIF).

Although CISV will work to maintain liability insurance for the benefit of non-participants, including schools and other institutions that provide facilities for our programmes, we believe that this release, together with our on-going risk management efforts, will limit the impact of rising insurance premiums on our ability to offer the CISV programme in countries around the world.

CISV International continues to ask all participants to carry their own medical insurance.

If you have any questions about the Release, please discuss them with a CISV representative before signing.