



**brazil**

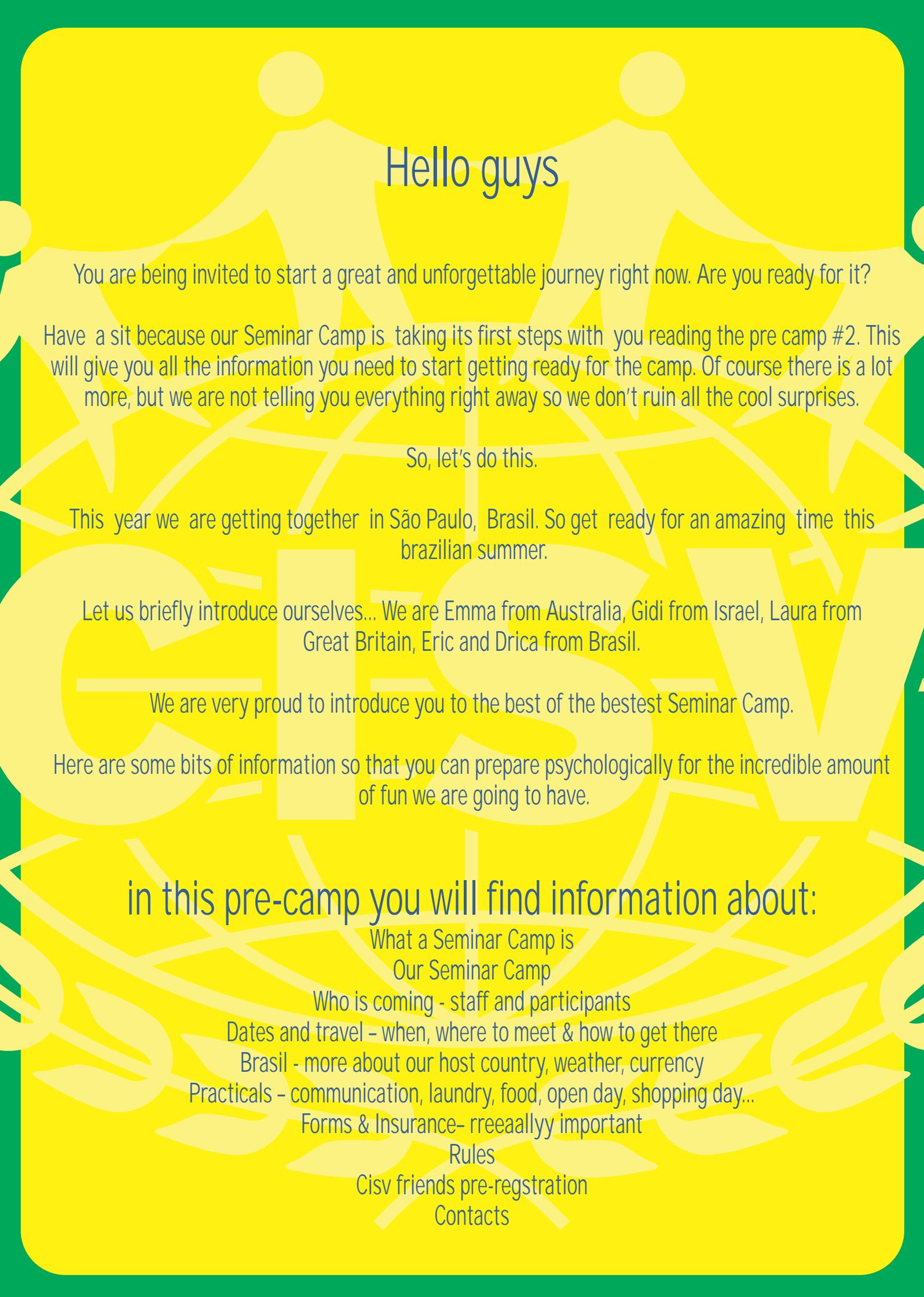
**building global friendship**

**são paulo**

**dec2010-jan2011**

**pre-camp2**

**s-2010-004**



# 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.

This year we are getting together in São Paulo, Brasil. So get ready for an amazing time this brazilian summer.

Let us briefly introduce ourselves... We are Emma from Australia, Gidi from Israel, Laura from Great Britain, Eric and Drica from Brasil.

We are very proud to introduce you to the best of the bestest Seminar Camp.

Here are some bits of information so that you can prepare psychologically for the incredible amount of fun we are going to have.

## in this pre-camp you will find information about:

What a Seminar Camp is  
Our Seminar Camp

Who is coming - staff and participants

Dates and travel - when, where to meet & how to get there

Brasil - more about our host country, weather, currency

Practicals - communication, laundry, food, open day, shopping day...

Forms & Insurance- rreeaallyy important

Rules

Cisv friends pre-regstration

Contacts

# what is this thing called Seminar Camp?

A Seminar Camp is NOT a Village, it's NOT a Summer Camp, and it's NOT an Interchange. Forget about exclusively "participating", and start thinking about CREATING!!! What you will be provided in Brasil are the practical & logistical requirements and an environment for you to create your own camp.

You will do laundry, cooking, cleaning, planning, organizing, running the activities, contributing, evaluating...EVERYTHING! (so, if for some other reason you don't know how to cook some "al dente" pasta, operate a laundry machine or you can't change bed sheets, you better start practicing!). You will need to decide what to do, when, where and how!

Come prepared and as early as NOW, think of topics/issues you would like to discuss and interesting ways to present them... Bring activities you believe will be good to run in a Seminar Camp. The only topics that are not debatable are the CISV rules, camps site rules, and local laws; everything else is up for discussion!!

## what are the AIMS of a Seminar Camp?

1. to develop an unique atmosphere which helps us to discover and formulate our own opinions about international and intercultural problems by exposing us to the ideas of other people from different nations and cultures.
2. to provide a group living experience in which we are able to examine our own motives, gain insights into our own behaviour and of others and appreciate the responsibilities involved in group living.
3. to create a special environment which teaches us to accept conflicts as a part of daily life and to stimulate a non-violent conflict resolution attitude.
4. to stimulate in ourselves an interest and a sense of responsibility for the world as a whole.
5. to explore possibilities for ourselves to increase our participation in shaping our own lives.

# what about MY Seminar Camp?

We thought you'd never ask! In case you didn't know (we sincerely hope you did...), you are participating in the Seminar Camp in São Paulo, Brasil from december 28th 2010 to january 17th 2011

Remember - for practical issues - the camp reference number is: S-2010-004.

There will be participants and staffs from the following countries:

participants: argentina, brazil, colombia, costa rica, georgia, germany, italy, new zealand, norway, slovenia, sweden and USA

staff: australia, brasil, great britain and israel

## where...

The camp will be held in this wonderful house in the middle of the mountains...



The place is called Santa Eufrásia, the closest town is Santa Branca, and it is about 1 hour from São Paulo by Bus.

## meeting point...

On december 28th the meeting point will be Praça Barão de Pinto Lima a famous CISV square in Alto de Pinheiros (a neighbourhood), in São Paulo. and you should be there at 1:30 pm We will have a bus to take you to the camp site.

# how to get there...

It is most likely that you will be driven to the meeting point by a CISV HomeStay Family. If you do send us your travel information on time for us to arrange a home stay. You have to send us your TIF(Travel Information Form) as soon as possible, and no later than november 15th.

Please, keep in mind that it will be the holiday season and everyone needs to organize their schedules to assist us.

## what is it like over there: são paulo

Beautiful, wealthy, intellectual, inclusive, vibrant, sports-loving, cultural, sentimental, romantic, modern, sophisticated, self-confident and professional, São Paulo is all of these and more: no single adjective can accurately describe this world-renowned megacity.

Forged from a melting pot of nationalities, cultures, beliefs, philosophies and ideals, this huge and pioneering metropolis is truly cosmopolitan by vocation and choice.

It's italian, german, portuguese, japanese, chinese, french, african, arab, spanish, christian, muslim, protestant, jewish, etc. These and so many other facets are reflected in the architecture of the buildings, the streets, the refined tastes of the city's culinary delights and in the styles and mannerisms of a people who never stop as they boldly create the city's history, day after day.

The grandeur of São Paulo is demonstrated in many ways. The city houses Latin America's largest number of hotel and health care facilities, and is also Brazil's cultural centre. It is considered one of the world's dining capitals, is recognized worldwide as a leading destination for major events, trade fairs and expositions, and is home to the country's finest academic centres and research institutes.

São Paulo is one of few places where the past and present are seamlessly interwoven. The city has witnessed events from Brazilian Independence to political and cultural revolutions and pro-democracy protests. It is also home to hundreds of cinemas, museums, theatres, cultural heritage sites, parks, performance halls, amusement and theme parks, restaurants, bars, hotels, event spaces, street fairs, shopping centres and specialized retail districts.

Each year about ten million visitors come to do business, go shopping or simply enjoy the city's world class culture. Here, they experience an around-the-clock metropolis and a lifestyle that mixes work and pleasure like they were two sides of the same coin. Capital city of a state the size of the United Kingdom, with a population similar to Spain's, and generating almost half of Brazil's economic output, São Paulo has become Brazil's foremost tourism destination.



# currency...

An example of what things cost (excluding supermarkets, which are always insultingly cheap):

- 1 coke: around R\$ 1,40
- 1 big sandwich: around R\$ 16,00 just the sandwich
- 1 plain coffee: around R\$ 3,00
- 1 single subway/train ticket: around R\$ 2,70
- 1 ticket to the movies: around R\$ 26,00
- 1 ticket for an important museum: around R\$ 12,00
- 1 meal in an average restaurant: around R\$ 35,00
- 1 McMenu: around R\$ 15,50
- 1 bottle of shampoo: around R\$ 10,00

The brazilian currency is called Real. Right now the exchange rate is around 1 US Dollar = 1.72 Reais



# practical stuff

**communications:** No cell phones will be allowed during the stay. You will give them to us at the beginning of the camp and we will return them at the end. This is not because we want you to suffer or anything (even though you have probably developed cell-addiction) but because it really drags attention from the activities and living together. You need to be really focused to get the most out of this experience! Your family/friends/pets(if they are talented) can communicate with you through our address [seminarsp2010@gmail.com](mailto:seminarsp2010@gmail.com)

**laundry:** We will have access to 2 washing machines in the camp.

**food:** We are going to be cooking ourselves, so bring ideas and good will! Cook books may be helpful, but it would be nice to have some regional, old-fashioned recipes to develop our "grandma" cooking skills.

If you are vegetarian or have some kind of allergy or special need you need to tell us as soon as possible!

**facts about your country:** Feel free to bring as much information about your country as you like. Posters, newspapers, books, music, and snacks will be most welcome. A Seminar is a multi cultural experience at all times!

**activities and interesting topics for discussion:** If there is an interesting activity you would like us all to do, perhaps it would be a good idea to write it down in a paper so you don't miss important details once at camp. Same thing if there is an interesting topic you would like us all to discuss, perhaps you may bring along articles or essays, so others can find out the different points of view.

**electricity:** The voltage in São Paulo is 110V but at the campsite it is 220V. Be sure you get a plug adapter if you need it for hairdriers, chargers and things like that.

**language:** The camp language will be English. All correspondence, activities, open meetings, etc. will be done in English. Don't worry if you don't feel very confident with speaking English -we will all be there to support and encourage each other.

**religion:** Contact us if you want to attend religious services.

# FORMS!!! (please bring your forms! you can't join our camp without them)

This information is VERY important.

All participants must bring with them to the camp the original signed copies of following forms:

- Health Form (Hf2000) : Must be signed by the doctor (the doctor signs on the first page!) and your parent/guardian (they sign on the second page). • This form must be less than three months old.

- Legal/Insurance Form (TWAL): Must have the name of your insurance company and the policy number. It must have your parent's signature even if you are 18 years old or older. Your insurance must cover you for a minimum of £15 000

\* Please make two copies of the above two forms.

- 1) Leave one copy of each form with your parents/guardians at home
- 2) bring one copy of each form and the original signed forms with you to camp. It is best if you have the forms in your carry-on luggage, that way you will have them even if they misplace your checked bags.

These forms can be found attached to this Pre-camp, and on:

<http://resources.cisv.org/docs/main?action=document.view&id=2><http://resources.cisv.org/docs/main?action=document.view&id=160>

These two forms are essential to bring in order for the participant to stay at the camp throughout the whole time. So please don't forget. If you don't have the forms or if they are filled out incorrectly, or if you do not have the correct insurance, we will have to make you leave the campsite and go to a host family until it is sorted out. It could take a long time and cost you money, so please make sure that you come with the correct forms. If you have any questions at all, email us: [seminarsp2010@gmail.com](mailto:seminarsp2010@gmail.com)

You should send the Travel Form to :  
[seminarsp2010@gmail.com](mailto:seminarsp2010@gmail.com)

so that we have all your information beforehand. The Travel Form is really important!

# insurance

We strongly recommend that you use the CISV International insurance. If you decide to get your own private insurance with a different company, make sure to bring with you all the documentation that you will need in case you have to be hospitalized or treated by a physician. Make sure to fully understand all the procedures for making a claim with your individual company, just in case you need any sort of treatment while in São Paulo. You must make sure that your insurance covers you for a minimum of £15,000. Again, make sure the name of the insurance company and your policy number are written clearly on your TWAL form.

## RULES

general CISV rules have to be respected. These rules will be found in the R-7 document which can be found at the [resources.cisv.org](http://resources.cisv.org) website.

Please read this document before coming to the camp.

- smoking: Brazilian law states no smoking is allowed inside public spaces. The legal age of buying cigarettes is 18. We kindly ask you to respect this.

(The decision about smoking in the camp is something to be agreed by everyone at the beginning. Nevertheless, it is highly advisable to keep the smoking outside the house, and we will provide a place for those who wish to smoke.)

- alcohol: There will be no drinking allowed during the camp. The legal age in Brazil for drinking and buying alcohol is 18. The Brazilian law also forbids bringing alcohol across the border under the age of 18. We hope that everyone can respect this rule. Breaking this rule will result in going home.

**drugs/any kind of narcotics:** No narcotic/hallucinogenic drugs or chemicals (whether locally legal or not) are to be consumed or brought to a Seminar Camp. Participants or staff members violating this will be expelled from the Camp immediately.

**relations:** Sexual intimacy between participants and staff/participants is forbidden in the Seminar Camps.

**leaving the campsite:** during the camp we will have some excursions, but other than that you will not be allowed to leave the campsite without the permission of the staff. If you have friends or relatives in Brasil, they can visit you during the Open Day (If you as a group choose to host one). We kindly ask you to read, understand and respect the above-mentioned rules. If you have any questions about the rules please feel free to contact us.

If a participant breaks one or more of these rules, there will be serious consequences, even expulsion from the camp.

## pre-registration on CISV Friends!

Don't forget that everyone who attends an International CISV Programme needs to register on Friends (<http://friends.cisv.org/>) and claim participation in our Programme. If you are not registered, follow these six steps:

1. Go to <http://friends.cisv.org/>
2. Select [REGISTER]
3. Read through the conditions and select [ACCEPT]
4. Fill in your name and address information (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-2010-004)
1. Go to <http://friends.cisv.org/>
2. Select [FIND ACTIVITY].
3. Select the type of programme [SEMINAR CAMP].
4. Select 2009.
5. Select Spain.
6. Select the activity by clicking [VIEW].
7. Claim your participation

When the Staff approve your claim you will receive an e-mail informing you that your pre- registration is complete. Good luck!

# EXTRA STUFF...

As we still have some time until camp, and we do think we all need to get ready for some awsoneness, we thought to tell you to check a few websites and watch a few movies. As you can see the list is long... it is your choice.

## websites:

[www.wearewhatwedo.org](http://www.wearewhatwedo.org) / [www.starbucks.com](http://www.starbucks.com)  
[www.ecofriend.org](http://www.ecofriend.org) / [www.travellingcheap.co.uk](http://www.travellingcheap.co.uk)  
[www.writeinmyjournal.com](http://www.writeinmyjournal.com) / [www.randomwebsite.com](http://www.randomwebsite.com)  
[www.amnesty.org](http://www.amnesty.org) / [www.likecool.com](http://www.likecool.com) / [www.bromart.com](http://www.bromart.com)  
[www.thru-you.com](http://www.thru-you.com) / [www.ted.com](http://www.ted.com)

## Movies:

Gattacca / Freedom Writers / Fight Club / Spaceballs / Whale Rider / The Lord of the Rings Thrilogy / Saved / City of God / The Big Lebowski / Animal House / Pan's Labirynth / Inglorious Basterds / Billy Elliot / Love Actually / Big / Rent / Zombieland / Lost in Translation / Little Miss Sunshine / The Royal Tenenbaums / My Big Fat Greek Wedding / Being John Malkovich / Almost Famous / Return of the Killer Tomatos / StarWars / Chasing Amy / Dogma / Antichrist / Elefant / 300 / Barbarian Invasion / Batman / Into the Wild / Requiem for a Dream / Snatch

and just in case you are a facebooker, we do have a our group in there, so come and join us:

[SEMILAR SAO PAULO BRAZIL 2010-2011](http://www.facebook.com/#!/group.php?gid=152300244799115)

[www.facebook.com/#!/group.php?gid=152300244799115](http://www.facebook.com/#!/group.php?gid=152300244799115)



# 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	Night	Yes	No
						Yes	No
						Yes	No
						Yes	No

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: \_\_\_\_\_ Name (please print) \_\_\_\_\_  
Examining Physician 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): \_\_\_\_\_ Telephone: Codes: Nation Area Records Office  
Physician / Hospital

**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
			Measles (Rubeola)
			Mumps
			Rubella
			Chicken Pox (Varicella)
			Whooping Cough (Pertussis)
			Scarlet Fever (Scarlatina)
			Rheumatic Fever
			Otitis (inflammation of the ear)
			Hepatitis (specify)
			Meningitis
			Yellow Fever
			Malaria
			Frequent Tonsillitis
			Sinusitis
			Bronchitis
			Pneumococcal Infections
			Streptococcal Infections
			Staphylococcal Infections
			Tuberculosis (TB)
			<b>Chest X-ray Result</b>

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

**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)	
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### 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.

<b>Name of Insurance Company</b>	
<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.

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

**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

<b>Swimming Ability</b> (tick one)	<b>None</b>		<b>Some</b>		<b>Good Swimmer</b>	
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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.

**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			



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