



YOUTH EXCHANGE MULTIPLE DISTRICT 201 LIONS CLUBS INTERNATIONAL

Identity No.:

Please affix
Passport size
Photograph
on each
Application Form

Australia, Papua New Guinea and Norfolk Island
Must be completed in quadruplicate. Compulsory attachments: Four photographs self, deposit
\$500.00 Cheque made payable to MD 201 Council. Both sides of this form to be completed.
PLEASE COMPLETE THIS PDF FORM AND PRINT FOUR COPIES

Application & Indemnity Form

APPLICANT'S DATA FOR EXCHANGE TO: 1st Preference:
 2nd Preference: 3rd preference:
 Surname: Given Name: Known as:
 Home Address: Post Code:
 Phone (area code): Fax: Mobile:
 Email Sex: State of health:
 Date of birth: Place of birth: Do you smoke?
 Hobbies and other interests:

Have you been overseas?: If yes indicate year and country:
 Languages spoken other than English: Level: Fair! ___ I Good I ___
 Present field of Study or Occupation: Secondary I ___ I Tertiary I ___ I Working I ___ I Field.....

APPLICANT'S FAMILY DATA

Father's name: Occupation:
 Mother's name: Occupation:
 Parent's address:
 State: Post Code: Phone (area code): (H) (B)
 Is either Parent a Lion?: Name of club:

PARENTS' CONSENT FOR APPLICATION

Our son/daughter has discussed the matter with us and has our permission to apply for participation in the MD. Youth Exchange Programme.

Parent Signature: Parent Signature:
 APPLICANT'S signature Date:

NOMINATING CLUB DATA

Nominating Club and Address:
 District 201N3
 Lions Club Contact: Name Phone (area code): (H) (B)
 How was the applicant selected?:
 Signature of Club President: Date:
 Signature of District Chairman: Date:
 Signature of M.D. Programme Chairman: Date:

M.D.201 COMMITTEE USE ONLY

Deposit: Bank: Cheque No.: Date Rec'd.: Refund:
 Balance: Bank: Cheque No.: Date Rec'd.: Date:

**PLEASE RETURN FOUR (4) SIGNED ORIGINALS OF THIS FORM TO YOUR DISTRICT CHAIRMAN
 ALLAN TAYLOR, 16 MOORE STREET TORONTO NSW 2283, allan@taylorstechnology.com.au
 NOTE: ALL QUESTIONS MUST BE ANSWERED ON BOTH SIDES OF THIS FORM**

Indemnity Form

With the affixed signatures, I/We:

Full Names

of:

Address

the Parent(s) or Guardian(s) of give permission for my/our son/daughter/ward born to travel and remain at an approved place and for an approved period of living in Lions or Lions approved homes. I/We agree to relieve every member of the nominating Lions Club and the host Lions Club, the Host Family, Lions Districts of both the Nominating and Host Clubs and Lions Clubs International of every financial or other responsibility in the case of his/her illness or death, except that furnished by the insurance policy provided for the particular Youth Exchange Program so far as may be applicable and to indemnify each of them in respect of any expense incurred.

I/We further agree to indemnify every Lions Club member of the Nominating Club, the Host Club, the Host Family, the Lions District for both the Nominating and Host Clubs and Lions Clubs International against claims for additional costs incurred by my/our son/daughter/ward failing to complete the relevant Youth Exchange Program.

I/We also agree that my/our son/daughter/ward will not be permitted to drive a motor vehicle while away under this Youth Exchange Program. Our son/daughter/ward will return directly to our home at the completion of the exchange. I/We acknowledge that my/our son/daughter/ward shall abide by the rules and regulations applying to the Youth Exchange Program such rules and regulations being set out on the schedule hereto.

I/We have further agreed that the guidelines as stated for participating youth in the MD201 Youth Exchange Manual will be complied with by me/us and by my/our son/daughter/ward. In the case of any violation of Guidelines I/We understand that my/our son/daughter/ward will be returned to his/her home at my/our expense.

I/We the parent(s) or guardian(s) give legal consent for a Lion of the Club hosting my/our son/daughter/ward to take immediate action in authorizing the provision of surgical or medical treatment when time or distance does not permit the obtaining of consent by me/us.

The Exchange youth must abide by the following rules:

1. To only travel according to the program arranged by the Youth Exchange Committee of Multiple District 201 LCI (MD201)

2. Not to be permitted to engage in the following sports or activities:

Competitive Football, motorcycling, trail-bike riding, mountaineering or rock-climbing (involving the use of ropes and tackle), bungee-jumping, white/black water rafting, ballooning, hang/kite/glider flying, parachuting, paragliding, abseiling, hunting, competitive skiing, competitive ice and snow sports and participating in speed or endurance tests or races of any kind, polo playing, or scuba diving unless you hold an Open Water Diving Certificate or are diving with a qualified instructor and then only to a depth not greater than 30m.

I/We also acknowledge the rights of Lions Australia to cancel or postpone the program, at its sole discretion, should it determine that such action is necessary for the safety of participants.

I/We further acknowledge that in such an event the airfares and other expenses paid may be forfeited to the carrier and that Lions Australia cannot accept any responsibility for any loss incurred.

Signature(s)Date:.....

WitnessJ.P.

J.P. Stamp

I the applicant agree and accept the above conditions:

Signature of ApplicantDate:

Witness

Medical Certificate

The following information is important, please answer all the questions.

Please state any physical handicaps/allergies INCLUDING asthma:

Any previous serious illness:

Special Diets (if any):

Signature of Applicant:

I have this day examined: (name) of:(address)

and found him/her to be in good health and enjoying full working capacity. He/she is physically and mentally able to carry on an intensive Program of travel away from home.

(if applicable) I further certify that he/she is suffering from the following medical conditions

Dated..... Signature of Examining Physician.....

Address.....Post Code

Physician's Stamp

Privacy Statement: In order to conduct the Youth Exchange Program it is necessary to obtain particulars of each applicant including his or her name, address, age and medical status. Such particulars will be used only for such purpose and will be kept confidential at all times. The particulars will be destroyed as soon as practicable after the conclusion of the exchange.