MÉRITE JEUNESSE LUX II (MJLUX2) REGISTRATION FORM 2017-2018

STUDENT DETAILS

Last Name:	First Name:
Date of birth: _ _ / _ _ / _ _ _ _	Gender: *(please circle)* M F
Year: *(please circle)* s3 s4 s5 s6 s7	Section: *(please circle)* EN FR DE IT DA EL
Award level: *(please circle)* Bronze Silver Gold	
Award level last year: *(please circle)* None Bronze Silver	
Student's e-mail address:	
Student's mobile phone number:	

HOME ADDRESS

House/Flat number:	Street:	
Postcode:	Town:	Country:
Phone number:		

PARENT/GUARDIAN DETAILS

Last Name:	First Name:
Relationship to student: *(please circle)* Mother Father Guardian	
E-mail address:	
Mobile phone number:	Work phone number:

MEDICAL INSURANCE INFORMATION

Insurance Provider:
Insurance Policy Holder:
Policy/Membership Number:

MEDICAL INFORMATION

Does the student suffer from any illness/allergy/disability: *(please circle)* Yes No
If Yes, please give details:

PARENT/GUARDIAN CONSENT

- I am willing for my son/daughter/ward to take part in all activities organised by MJLux2 in the school year 2017-18.
- I will inform the MJLux2 team if my son/daughter/ward develops any other health issue (not mentioned above) which will prevent him/her from taking part in a planned activity.
- In the event of an emergency arising during my son's/daughter's/ward's participation in MJLux2 activities, I authorise the leader in charge to take any necessary action regarding medical attention if it is impossible for me or my spouse/partner to be contacted.
- I give permission for my son/daughter/ward to be in photos taken during MJLux2 activities and for them to be used for general MJLux2 publicity. (No names will be attached to photos.)

I agree to pay the registration fee to APEEEL2.
Bank name: BANQUE ET CAISSE D'EPARGNE DE L'ETAT
BIC Code: BCEELULL IBAN account no: **LU05 0019 3855 8091 6000**

SIGNATURE

Signature of Parent/Guardian:	Date: