

INTERNATIONAL YOUTH GATHERING 2017

PROUDLY HOSTED BY
IPA SOUTH AFRICA

29 JULY 2017 - 13 AUGUST 2017

REGISTRATION FORM



THIS EVENT WILL BE CONDUCTED IN ENGLISH ONLY. NO INTERPRETERS AVAILABLE.
PARTICIPANTS MUST HAVE REACHED THEIR 16th BIRTHDAY BUT NOT THEIR 18TH BIRTHDAY ON 30 JULY 2017 (START OF IYG).
THIS APPLICATION FORM INCLUDING PROOF OF PAYMENT/DEPOSIT MUST BE SUBMITTED THROUGH THEIR SECTION TO REACH IPA SOUTH AFRICA BY 3 FEBRUARY 2017.
FOR MORE INFO VISIT <http://ipasafrica.co.za> OR EMAIL US AT iyg2017@ipasafrica.co.za

PARTICIPANT'S PERSONAL INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____
DATE OF BIRTH: GENDER: MALE SHIRT SIZE: _____
FEMALE
NATIONALITY: _____ LANGUAGE: _____
PASSPORT NR: _____ PASSPORT EXPIRE:
EMAIL ADDRESS: _____ TEL (HOME): _____
HOME ADDRESS: _____ MOBILE NR: _____
CITY: _____ STATE / PROVINCE: _____
POSTAL CODE: _____ COUNTRY: _____

IPA MEMBERSHIP DETAILS

FULL NAME: _____ MEMBERSHIP NR: _____ IPA SECTION: _____
RELATION: _____ EMAIL ADDRESS: _____ TEL NR: _____

RELATIVES' INFORMATION

RELATION: _____ FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ TEL NR: _____
RELATION: _____ FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ TEL NR: _____
RELATION: _____ FIRST NAME: _____ LAST NAME: _____
EMAIL ADDRESS: _____ TEL NR: _____

FLIGHT ITINERARY

ARRIVAL AIRPORT: O.R. TAMBO INTERNATIONAL AIRPORT, JOHANNESBURG, SOUTH AFRICA
ARRIVAL DATE: ARRIVAL TIME: _____
AIRLINE: _____ FLIGHT NR: _____
DEPARTURE AIRPORT: CAPE TOWN INTERNATIONAL AIRPORT, CAPE TOWN, SOUTH AFRICA
DEPARTURE DATE: DEPARTURE TIME: _____
AIRLINE: _____ FLIGHT NR: _____

EMERGENCY CONTACT DETAILS

RELATION: FIRST NAME: LAST NAME
EMAIL ADDRESS: TEL NR: MOBILE NR:

HEALTH & TRAVEL INSURANCE

COMPANY NAME: TEL NR:
ADDRESS: EMAIL ADDRESS:
CITY: STATE / PROVINCE:
POSTAL CODE: COUNTRY:

HEALTH CONDITIONS

CHRONIC ILLNESS	YES NO	IF YES, SPECIFY
PRESCRIBED MEDS	YES NO	IF YES, SPECIFY
DIETRY RESTRICTION	YES NO	IF YES, SPECIFY
ALLERGIES	YES NO	IF YES, SPECIFY

ADDITIONAL NOTES:

COSTS & PAYMENTS

TOTAL COST PER PERSON - **ZAR 22,000.00** The price excludes travel and medical insurance and all flights to and from South Africa .

PAYMENT IS AVAILABLE IN TWO INSTALLMENTS DEPOSIT: ZAR 10,000.00 PAYABLE BEFORE 3 FEBRUARY 2017
OUTSTANDING BALANCE: ZAR 12,000.00 PAYABLE BEFORE 31 MARCH 2017

BANKING DETAILS

ACCOUNT HOLDER: INTERNATIONAL POLICE ASSOCIATION (SA)
BANK NAME: FIRST NATIONAL BANK (South Africa)
ACCOUNT NUMBER: 62035850777
BANK SWIFT CODE: FIRNZAJJ926-251445XXX
IBAN / UNIVIRSA CODE: 250655
ACCOUNT TYPE: CALL ACCOUNT
REFERENCE: INITIALS AND SURNAME OF PARTICIPANT

PLEASE ENSURE THAT BANK FEES ARE CALCULATED AND THAT THE FULL AMOUNT IS PAID INTO THE ACCOUNT OF IPA SOUTH AFRICA

OBLIGATION OF THE PARTICIPANT - TERMS AND CONDITIONS

You are going abroad as a representative for your country and your IPA National Section will be judged according to the way you conduct yourself. You should therefore remember that you are an ambassador and as such, you are responsible for your conduct and general behaviour.

The object of the trip is to bring you into contact with persons from other countries so that you will get to know their way of life and culture. In that way helping to promote better understanding between peoples in the best traditions of the International Police Association. You should therefore try to establish and afterwards maintain contact with your new friends.

Every participant will be required to pen an account of their experience during this Youth Gathering.

Participants are prohibited from consuming tobacco, alcohol and other drugs. You will not be permitted to drive a motor vehicle while under the control of the International Youth Gathering.

You will immediately be sent home should the Organisers decide that your actions and conduct are not in the spirit of the International Police Association.

Those who do not agree with these guidelines and are not prepared to conform should not apply for the International Youth Gathering.

PARTICIPANT'S AGREEMENT

I, the undersigned applicant, hereby acknowledge that I have read the above Terms and Conditions of the International Youth Gathering and agree to honour them without exception. I further understand that during my period of residence with the International Youth Gathering, I will be under the full control of and responsible to, the Organising Committee and to the adult members of any host families.

FULL NAME & SURNAME:

PARTICIPANT'S
SIGNATURE:

DATE:

PLACE:

PARENTAL CONSENT

Our son/daughter has discussed the matter of the International Youth Gathering with us, we have read the "Obligations of the Applicant" and we agree that he/she has our permission to apply for participation in the International Youth Gathering.

We, the parents/guardians of the participant _____, hereby grant permission for our son/daughter to travel abroad under the Terms and Conditions of the IPA International Youth Gathering, which we have read and agree to abide by.

We further certify that our son/daughter will be insured against illness, accidents and third party risks during his/her stay abroad. We hereby declare that he/she is in good health and has, as far as we know, no contagious disease.

Should serious illness occur during his/her stay abroad, his/her hosts are authorised to ask for medical advice, the cost of which shall be our responsibility.

We agree to our son/daughter being photographed during the 2017 IYG. These photographs may be used in IPA magazines and/or web sites.

We agree to pay the cost of transportation to and from South Africa and we will provide our son/daughter with adequate spending money to cover the duration of his/her stay.

PARENT / GUARDIAN
FULL NAME:

PARENT / GUARDIAN
FULL NAME:

PARENT /GUARDIAN
SURNAME:

PARENT /GUARDIAN
SURNAME:

PARENT / GUARDIAN
SIGNATURE:

PARENT /GUARDIAN
SIGNATURE:

DATE:

DATE:

PLACE:

PLACE:

NOTE TO ORGANISERS:
