

Delegate Application Form

* Denotes a piece of essential information for administrative purposes

First Name*: _____

Surname*: _____

Date of Birth (DD/MM/YY)*: _____

School Name*: _____

School Address: _____

Current School Year*: _____

Contact Phone No. (mobile)*: _____

E-mail Address*: _____

Parent/Guardian's Full Name*: _____

Parent/Guardian's Contact No*: _____

Do you require accommodation during the conference*? (Please tick clearly) YES NO

Do you have any special medical requirements*?

- If yes please specify: _____

Do you have any special dietary requirements*? (Please tick clearly) YES NO

- If yes please specify: _____



EUROPEAN **YOUTH** PARLIAMENT
PARLEMENT EUROPÉEN DES **JEUNES**
ÉIRE IRELAND

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W.: www.eypireland.com
T.: @eypireland

Parent/ Guardian Consent Form:

By signing this application form we acknowledge the applicant's desire to participate in this event, organised and managed by the European Youth Parliament (EYP) Ireland Limited. We acknowledge that the applicant is responsible at all times while in attendance or travelling to or from an EYP Ireland event for his/her own personal safety and that of their belongings and that EYP Ireland accepts no responsibility in this respect. Further, we waive any liability, past, present or future which EYP Ireland howsoever and in whatsoever capacity may have incurred in respect of us. The applicant will at all times while attending and travelling to events organised by EYP Ireland adhere to the rules of EYP Ireland and the rules which apply in his/her school. We understand that the applicant will be sent home and no liability will rest with EYP Ireland should a breach of any of these rules occur. Further, by signing this application form the signees consent to the storage and processing of personal data of the applicant for legitimate purposes and in accordance with the Data Protection Acts 1998-2003.

Parent / Guardian's Signature: _____

Applicant's Signature (delegate): _____

EYP School Co-Coordinator's Signature: _____

Date (DD/MM/YY): _____

Digital & Media Consent Form

Images of applicants may be recorded in photographs and video footage during EYP Ireland events. EYP Ireland uses these images from time to time for its own marketing and promotional purposes and also for the identification of participants during sessions should this be necessary. Images may be published through various media, including but not limited to printed material and Internet based content. In some cases a third party may host images. **By signing this agreement** you consent to the recording and use of such images. EYP Ireland will remove images and/or digital media content of an applicant from its media outlets upon receipt of a written request from an applicant or an applicant's parent(s)/guardian(s). Nothing in this agreement shall require EYP Ireland to remove images that have already been published or distributed to the public or images that are otherwise no longer within EYP Ireland's control.

Applicant's Signature (delegate): _____

Parent/Guardian's Signature: _____

Date (DD/MM/YY): _____

Registered in Dublin No: 271595

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Facebook: www.facebook.com/EYPireland

