

**Application for the International Youth Empowerment Seminar
(16-19 years)**

Date: 08. - 15. 08. 2006.

Location: Duga Uvala, Istria, Croatia

please fill in one separate form for each child and send until the 15.04. 2006. to:

Sanja Koštrun, Kikićeva 5, Zagreb, Croatia

Info: Mob: 091/56 48 652, e-mail: sanja.kostrun@artofliving.hr

Start: 08. 08. 06 at 17:00, End: 15. 08. 06 14:00

Student's Name: _____ Date of Birth: _____
Gender: male female
Name of parent or guardian: _____
Address: _____
City: _____ Country: _____ PostalCode: _____
Phone (where constantly contactable): _____ Fax: _____
email: _____

Have you participated in an ART Excel/Young Adults Course before? Yes No
If yes, where and when? _____

Do you have any skill / hobby (for example dance, sports, painting) that you would like to share with others ?

Are you a swimmer ? Yes No

Which afternoon activities would you like to participate during the AOL Holidays:

Art Workshops Music Workshops Volleyball Martial Arts Football Basketball

Please list any health / psychological conditions or concerns:

Please list any medications you are taking (prescription or non-prescription):

Family doctor: _____ Telephone number: _____

For those under 18:

By signing below, I give my son / daughter permission to participate in the YES from 08. to 15. 08. 2006. facilitated by a trained teacher of the Art of Living Foundation.

I will make sure that my son /daughter will have a valid health insurance card with him /her.

If needed for health reasons, I give permission for my son /daughter to be treated and /or given medication in accordance to standard medical practice by licensed medical personnel. I relieve the Art of Living Foundation, its teachers, trustees and / or directors of all responsibility and consequence that may arise as a result of treatment.

I will not hold the Art of Living Foundation, its teachers, trustees and / or directors liable in the event of injury.

Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My son /daughter agrees to abide by all the rules and regulations stated by the ART Excel staff. I understand that the Art of Living Foundation will not be liable if my son /daughter fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the activity at my expense.

I will pay the course and accommodation fee in cash in Euro on the first day of the course at the ART Excel registration Counter. With application advance fee of 50 Euro should be given to the national coordinator for AOL Holidays '06.

Date: _____ Parent's / Guardian's signature: _____

By signing below, I agree to participate fully in the ART Excel Course conducted by an Art of Living teacher. I understand I need to attend all sessions and fully participate to maximize my benefits.

Date: _____ Student's signature: _____