Date de naissance/Birthdate………………………………………………. **Contact d’urgence/Emergency contact** Nationalité/Nationality……………………………………………………… ………………………………………………………………………..

Études en cours/Occupation……………………………………………... ……………………………………………………………………….

**Langues/Languages** **Régime spécial santé/alimentation**

Couramment/Speak well……………………………………………………… **Remarks on health/special needs**

Bien/Speak some…………………………………………………………………. …………………………………………………………………..

Base/Basic…………………………………………………………………………… ………………………………………………………………………

**« Youth Exchange » -- A breath of Art**

**Fiche d’inscription FR/ Registration form**

**Please fill it in English or French**

Why do you wish to take part in this project?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Past experiences (volunteering, youth movement, group holidays…):

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….....................

**To be sent to**

**Estyes@estyes.ee**

YOU HAVE TO READ CARREFULLY AND TO APPROVE, BY SIGNING IT, THE CONDITIONS OF SERVICE PRESENTED HERE BELOW. YOUR REGISTRATION FORM IS CONSIDERED AS COMPLETE ONLY IF WE RECEIVE THE 2 PAGES SIGNED ACCOMPANIED BY YOUR HEALTH RECORD FORM.

**Date :**

**Signature :**

**Signature des parents pour les - de 18 ans/**

**Parents’s or legal tutor signature if you’re below 18 yo :**

Nom /Surname………………………………………………………………… M/Male F/Female

Prénom /First name…………………………………………………………… Age…………………………….

Adresse de contact…………………………………………………………… Tél………………………………

………………………………………………………………………………………

Adresse email/ Email………………………………………………………… N° carte identité/ID number :………………………….