

Filling the form, you guarantee that the information is valid and you secure the best possible circumstances to your child's participation. We do not give information to third party members, only to those who need the information for the organization of the event. We will follow confidentiality privilege and we will destroy these documents after the event or before the year passes.

Attending event	
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Personal data

Name		
Home address		
E-mail		
Telephone		Date of birth
Parents' names		
Parents' address, telephone and e-mail during the event		
Language	<input type="checkbox"/> Finnish <input type="checkbox"/> Swedish <input type="checkbox"/> English <input type="checkbox"/> Sign language (Finnish or other?) <input type="checkbox"/> Other?	

Swimming skills

Swimming skills (meters)	
Other reasons affecting swimming skills (e.g.health aid)	

Allergies

Food allergies / regiment	
Other allergies	

Hardness of hearing

State of hearing and level	
Other reasons affecting hearing aid use	

Other things to consider during the event

(Information e.g. potentially limits in action, personal features and diagnosis, which are important to know for the safety and the wellbeing of the child.)

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Other information

Has your child been earlier in FFHOH's camp or event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where and when?
Friends and family who will be in the same event. NOTICE! Every child needs his/her own registration form.		
Is it OK to accommodate your children in separated rooms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it OK to put the child in other small group?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Permissions

May we use photos and other records, where your child is involved in FFHOH's public relations (e.g. websites, journals, leaflets)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we send photos and other records, where your child is involved, to other participators of the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we show your child's name in participators list, which we will send to all enrollers by camp letter or other event associated mailing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <i>necessary</i> , may we drive your child in FFHOH's car (does not consider organized field trips)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we send more information to you about upcoming camps and events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we inform you about events of Finnish Association of Parents of Deaf and Hard of Hearing Children (The KLVV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want to join FFHOH's in youth members in local union (Youth membership is free)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already a member

Parents' signature and print name

Date	Signature and print name

Send this form to the address:

Taneli Ojala
Nuorisosihteeri
Kuuloliitto ry
Isokatu 47, 4krs.
90100 Oulu