

**ROTARY INTERNATIONAL – DISTRICT 2240 – CZECH REPUBLIC
YOUTH EXCHANGE PROGRAM
HANDICAMP BŘEZEJC**



- DATE:** Saturday, July 7th – Saturday July 21nd 2012
- PLACE:** Březejc u Velkého Meziříčí, Czech Republic
- PARTICIPANTS:** 20 participants with physical handicap
- AGE:** 15 – 25 years
- COMMON LANGUAGE:** English (good level)
- PROGRAM:** This time we are concentrating especially on different sport activities. Everybody can explore their abilities. Hopefully everybody will leave with lots of new experience and friends. We are also arranging half-day and whole-day trip around Czech Republic.
- ARRIVAL:** Saturday, July 7th 2012 (afternoon preferred), by plane to Prague airport where we will pick up you.
- DEPARTURE:** Saturday, July 21st 2012
- NECESSARY ABILITIES:** There are no necessary abilities, but we prefer wheelchair participants for which the program is ready.
- ACCOMODATION:** Entire stay in the area is adapted for wheelchair users, with a swimming pool, a rehabilitation center and gym. Throughout the meal is provided to you 5 times a day. If you have special diet - must be stated in the application, upon arrival it will be considered.
- COST:** Participants will pay for their travel expenses to and from the camp and their own extra expenses (pocket money).
The camp fee is 80 EUR or 100\$ to be paid cash by arrival.
Your assistant (PCA) is free from the camp fee.
- INSURANCE:** health and accident insurance and third party liability risk are required

APPLICATIONS:

Application forms must be sent by **March 31st 2012** to: Barbora Sládková, Okružní 1, 664 91, Ivančice, CZ,
or e-mail: barcinka@post.cz, <tel:+420723166691>. **Don't forget a confirmation from your doctor!!!**

CLUB CONTACT:

Ing. Roman Sládek, e-mail: sladek@asio.cz, tel :+420602200783

APPLICATION FORM
HANDICAMP BŘEZEJC

7. 7. – 21. 7. 2012

Applicant's name (first name, family name)

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Date of birth (dd/mm/yy).....

Address.....

.....

Phone.....

E-mail.....

Do you need any special equipment?

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.....

In what areas you need help from assistant (emptying, help with dressing, ..)

.....

.....

English language on communicative level YES - NO

HEALTH CONDITIONS OF THE PARTICIPANT

Diagnosis.....

Health insurance company.....

Medical orthopaedic helps (wheelchair, crutches,...)

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Allergies.....

Diet.....

Medicaments (dispensing) – it is necessary to have all medicaments with

.....

If you are applying with your PCA, it would help us if you send your applications together.

Please, give the name of your PCA (first name, family name)

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PCA's date of birth (dd/mm/yy).....

Date and applicant's signature.....