



# 10<sup>th</sup> WORLD FEDERATION OF THE DEAF REGIONAL SECRETARIAT FOR ASIA YOUTH CAMP CONVERGENCE: ON BEING DEAF

21<sup>st</sup> TO 25<sup>th</sup> NOVEMBER 2022

## REGISTRATION FORM



### SECTION A: DEAF YOUTH ASSOCIATION/SECTION DETAIL

Name of Organisation: \_\_\_\_\_

Address: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Skype ID: \_\_\_\_\_

*If you do not have a Skype account, please let us know the name of the video call application and ID used.*

Is your Deaf Youth Association/Section YOM of WFDYS?  Yes  No

If yes, please send a copy of YOM certification.



### SECTION B: PARTICIPANTS DETAILS

1

CAMP PARTICIPANT (REPRESENTATIVE)

Full Name(as in passport): \_\_\_\_\_

Preferred Tag Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ (dd) / \_\_\_\_ (mm) / \_\_\_\_ (yy)  
*(for tag name, not more than 10 letters)*

Email Address: \_\_\_\_\_ Gender: Male/Female/Other

Passport Number: \_\_\_\_\_

Special Dietary:  Halal  Vegetarian  Non-Vegetarian  Other dietaries  
*(Please specify: \_\_\_\_\_ )*

Are you Deaf with.....

No other disability

Other form of disability

*(Please specify the type of visual, physical, other disabilities: \_\_\_\_\_ )*

Medical Restriction (if any): \_\_\_\_\_

Any special requirement: \_\_\_\_\_

2

CAMP PARTICIPANT

Full Name(as in passport): \_\_\_\_\_

Preferred Tag Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ (dd)/ \_\_\_\_ (mm)/ \_\_\_\_ (yy)  
*(for tag name, not more than 10 letters )*

Gender: Male/Female/Other      Passport Number: \_\_\_\_\_

Special Dietary:  Halal    Vegetarian    Non-Vegetarian    Other dietaries  
*(Please specify: \_\_\_\_\_ )*

Are you Deaf with.....:

No other disability

Other form of disability

*(Please specify the type of visual, physical, other disabilities: \_\_\_\_\_ )*

Medical Restriction (if any): \_\_\_\_\_

Any special requirement: \_\_\_\_\_

3

CAMP PARTICIPANT

Full Name(as in passport): \_\_\_\_\_

Preferred Tag Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ (dd)/ \_\_\_\_ (mm)/ \_\_\_\_ (yy)  
*(for tag name, not more than 10 letters )*

Gender: Male/Female/Other      Passport Number: \_\_\_\_\_

Special Dietary:  Halal    Vegetarian    Non-Vegetarian    Other dietaries  
*(Please specify: \_\_\_\_\_ )*

Are you Deaf with.....:

No other disability

Other form of disability

*(Please specify the type of visual, physical, other disabilities: \_\_\_\_\_ )*

Medical Restriction (if any): \_\_\_\_\_

Any special requirement: \_\_\_\_\_

4

CAMP PARTICIPANT

Full Name(as in passport): \_\_\_\_\_

Preferred Tag Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ (dd)/ \_\_\_\_ (mm)/ \_\_\_\_ (yy)  
*(for tag name, not more than 10 letters )*

Gender: Male/Female/Other      Passport Number: \_\_\_\_\_

Special Dietary:  Halal    Vegetarian    Non-Vegetarian    Other dietaries  
*(Please specify: \_\_\_\_\_ )*

Are you Deaf with.....:

No other disability

Other form of disability

*(Please specify the type of visual, physical, other disabilities: \_\_\_\_\_ )*

Medical Restriction (if any): \_\_\_\_\_

Any special requirement: \_\_\_\_\_



## SECTION C: DOCUMENTS REQUIREMENTS

Please tick

	Photo	Passport	Medical Certificate	Vaccine Certificate
Camp Participant 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp Participant 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp Participant 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camp Participant 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NOTE:

- WFD RSA YS needs to make approval first before the camp participants purchase the flight tickets.
- Please send the following documents listed above in PDF format via e-mail: [wfdrsaycindia2020@gmail.com](mailto:wfdrsaycindia2020@gmail.com).
- Please obtain a proof of medical and vaccine certification from a certified general practitioner to show that you are fit for camping activities. If you do not have a medical and vaccine certification, you are not allowed into the camp.
- Please provide photos in color for the name tag.



## SECTION D: DECLARATION

We declare that the provided information is true and accurate, and that the documents submitted along with this registration form are genuine. We agree to abide by the camp guidelines, rules, and regulations of WFD RSA YS.

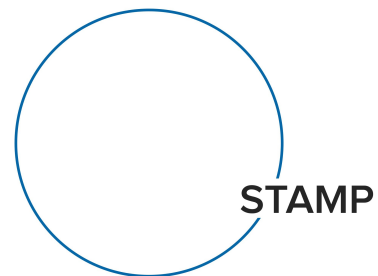
*\* This section must be signed by representatives of the organisation.*

Designation:

Name:

Signature:

Date:



@wfdrsaycindia2022



@wfdrsaycindia2020



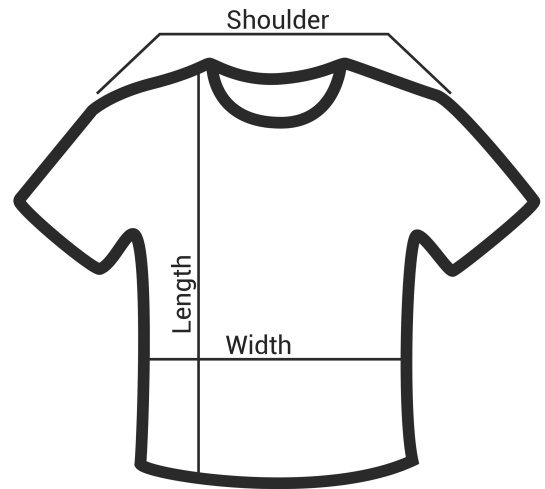
wfdrsaycindia2020@gmail.com



WFDRSAYCINDIA2020

## Size Chart Reference (Unisex)

Size	Width	Length	Shoulder
XS	34"	24"	15.5"
S	36"	25"	16"
M	38"	26"	17"
L	40"	27"	17.5"
XL	42"	28"	18"
XXL	44"	29"	19"



*(measurement in inches)*

- Please choose your size and measurement from above and write down below.
- If you do not find your size from the chart above, please state your measurement in cm/inch below.

	Size	Width	Length	Shoulder
Camp Participant 1	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>
Camp Participant 2	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>
Camp Participant 3	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>
Camp Participant 4	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>	<i>cm / inches</i>