

TEAM MEMBER REGISTRATION



Each team member should complete this document!

Team Name	
First Name	
Last Name	
Institution (University/High School)	
Address	
E-Mail address	
Mobile number	
Do you have a First Aid Certificate that's up-to date?	<input type="radio"/> Yes <input type="radio"/> No
Please list any illness or physical disorder that we should know about in case of a medical emergency:	<input type="radio"/> ...
Do you have any allergies or have you ever reacted unfavourably to any drugs or medicine?	<input type="radio"/> ...

Emergency Contact (a person not at the event)

- Name:**
- Mobile:**
- Relation:**
- Country:**

I am aware that by submitting this form I register myself as a Team Member for the iLumen European Solar Challenge 2021. I agree to my medical information being used or released to appropriate medical professionals in case of emergency. My personal data will be kept, properly managed and protected by the officials of the iLumen European Solar Challenge 2021 and will not be used for any other purpose than running this event.

First Name :

Last Name :

Signature:

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