

TEAM REGISTRATION



Team Name	
Startnumber	
Name of the Team Chef	
Institution (University/High School)	
Address	
E-Mail	
Mobile	
Number of Team Members (incl. Support Team)	
Date of Arrival	
What Languages do you speak proficiently?	
Have you ever participated in a SolarCar Event?	yes
	no
Which Events have you attended as a Team?	
How did you hear about the iESC?	

TEAM MEMBER REGISTRATION



LUMEN EUROPEAN SOLAR CHALLENGE

Team Name		
Startnumber		
Institution (University/High School)		
First Name		
Last Name		
Task or Position in the Team		
Address		
E-Mail		
Mobile		
Do you have a First Aid Certificate that´s up-to-date?	yes	
	no	
Do you follow a special diet?		
Do you have food allergies?		
	else:	
personal comment		

**TEAM MEMBER ADDITIONAL
MEDICAL INFORMATION**



Please list any illness or physical disorder that we should know about in case of a medical emergency:

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Do you have any allergies or have you ever reacted unfavorably to any drugs or medicine?

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Emergency Contact (a person not at the event):

Name	
Mobile	
Relation	
Location	

I am aware that by submitting this form I register myself as a Team Member for the iESC 2020. 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 iESC 2020 and will not be used for any other purpose than running this event.