



AUTHORIZATION OF PARTICIPATION FORM
BARCELONA INTERNATIONAL YOUTH SCIENCE CHALLENGE 2025

PARTICIPANT INFORMATION

Name and surname of the participant: _____

ID or Passport number: _____ Date of birth: ____/____/____

Address: _____

Town: _____ Postcode: _____ Country: _____

Email address: _____ Telephone: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name and surname of the parent/legal guardian: _____

ID or Passport number: _____

Address: _____

Town: _____ Postcode: _____ Country: _____

Email address: _____ Telephone: _____

I hereby AUTHORISE my son/daughter to participate in the **Barcelona International Youth Science Challenge 2025** (hereinafter, BIYSC 2025), organised by FUNDACIÓ CATALUNYA – LA PEDRERA, which will be held in Barcelona from July 7th to 18th 2025. This authorisation gives my consent to my son/daughter enrolling in BIYSC 2025, to participate in the scheduled activities within the program and make myself responsible for any voluntary action against people or property committed by him/her.

☐ I authorise my son/daughter to participate in the program.

☐ I confirm that I have read the general conditions of the program (<https://biysc.org/terms-and-conditions>).

_____, _____ 2025

Participant's signature

Parent/legal guardian signature



PARTICIPANT HEALTH DATA FORM (1)

BARCELONA INTERNATIONAL YOUTH SCIENCE CHALLENGE 2025

PARTICIPANT INFORMATION

Name and surname of the participant: _____

Blood type: _____ Rh: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name and surname: _____

Passport or ID number: _____

Telephone number in case of emergency: _____

If parent/legal guardian not available, in case of emergency notify:

Name and surname _____

Relationship with the participant _____

Email address: _____

Telephone number in case of emergency: _____

In case specific medication is needed, you must bring it along with this completed form and hand it over to the responsible of BIYSC in a bag with participant's name clearly and visibly written on the outside.

Remember to also bring the Spanish Social Security card / European health card or private insurance card and identity card or passport as applicable.

ORIGINALS, NOT COPIES

PARTICIPANT HEALTH DATA FORM (2)

BARCELONA INTERNATIONAL YOUTH SCIENCE CHALLENGE 2025

HEALTH HISTORY

Please, check the signs, symptoms, and diseases from which you suffer or have ever suffered:

Conditions	Yes	No	Diseases	Yes	No
Convulsions			Asthma		
Epilepsy			Bronchitis		
Ear Infections			Chicken Pox		
Eye Trouble			German Measles		
Dizziness			Mononucleosis		
Fainting			Measles		
Frequent Colds			Mumps		
Headaches			Pneumonia		
Heart Trouble			Rheumatic Fever		
Kidney Trouble			Scarlet Fever		
Sleeping Walking			Tuberculosis		
Thyroid Disorder			Diabetes		

Please provide details below if you have answered YES to any of the above questions:

Allergies (if yes, please specify the cause, symptoms, and treatment):

Hypersensitivity to insect bites (if yes, please specify which one(s) and treatment):



Surgeries, serious injuries, or disabilities (if yes, please specify the date occurred):

Chronic or recurring illness (if yes, please specify the symptoms and treatment):

Dietary needs¹ (intolerances, allergies, vegetarian, vegan, etc.):

Other diseases or details of above:

Compulsory vaccinations up to date? **YES** / **NO**

Anti-tetanus vaccine? **YES** / **NO** Last dose _____

¹ Specify type of intolerance, symptoms and treatment.

PARTICIPANT HEALTH DATA FORM (3)

BARCELONA INTERNATIONAL YOUTH SCIENCE CHALLENGE 2025

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Medication taken on a regular basis:

Medicine pharmacological name:
Dosage:
Time of administration:
Duration of treatment:

Medicine pharmacological name:
Dosage:
Time of administration:
Duration of treatment:

Medicine pharmacological name:
Dosage:
Time of administration:
Duration of treatment:

Medicine pharmacological name:
Dosage:
Time of administration:
Duration of treatment:

BIYSC staff will not administer any medication without the proper authorization. Please, mark with an X the medication that can be given to your son/daughter in the event of occasional need:

Paracetamol

Ibuprofen

Aspirin

Others



PARTICIPANT HEALTH DATA FORM (4)

BARCELONA INTERNATIONAL YOUTH SCIENCE CHALLENGE 2025

_____ as parent/legal guardian of
_____, by signing this document I

DECLARE

- i) That, to the best of my knowledge, the above medical form is complete in all its details and fully realize that any illness or disability that my son/daughter has suffered from prior to arrival in Spain, and which is not described in full in the form, or any extraordinary illness or complication thereof that may arise, will be due cause for his/her return to his/her country of origin or treatment in Spain at my expense.
- ii) That I acknowledge that Private Medical Insurance is not provided. All medications that my son/daughter takes regularly are at my expense and have been detailed in the form.
- iii) That the personal data of third parties provided herein have been obtained with the due consent of the individuals to whom they pertain and, in this regard, I assume full responsibility for the inclusion of this data and expressly release Fundació Catalunya La Pedrera from any liability that may arise in relation to the use of this information and,

AUTHORISE BIYSC staff administer to my son/daughter the medicines included in this form with the understanding that any liability that might arise from this fact is accepted by me. I also give my full permission for all treatment of any nature deemed necessary by doctors in Spain to be extended to my son/daughter within the framework of the program.

I accept the Health Data Form conditions of the program, and I declare that I am the solely responsible for the information detailed in this form.

_____, _____ 2025

Participant's signature

Parent/legal guardian signature

FUNDACIO CATALUNYA – LA PEDRERA is the CONTROLLER of the personal data included in this form and informs you that these data will be processed in accordance with the current legislation on protection of personal data, the Regulation (EU) 2016/679 of 27 April 2016 (GDPR) and the Organic Law (ES) 3/2018, of 5 December (LOPDGDD), with the purpose of providing the specified medicines and bring the participant to the doctor/hospital in case it is necessary. The personal data will be kept during the necessary time to maintain the purpose of the processing. Once the data is no longer necessary for such purpose, the data will be suppressed by blocking it during the time frame established by law, taking technical and organisational measures to prevent the processing of the data including its visualization, and being only available to judges, courts, public prosecutor, or public administrations, to respond to legal duties. Subsequently, after the suppression or blocking period, the data will be erased. Personal data will not be transferred to third parties, unless it is required by a legal obligation, to those entities of the group for administrative or internal management purpose, or to those service providers associated with the Controller which act as Data Processors. You may exercise the right of access, rectification, portability and erasure of your data and the right to restrict and to object to them being processed by writing to Fundació Catalunya La Pedrera at Passeig de Gràcia 92 – 08008 Barcelona (SPAIN) or by sending an e-mail to lopdp@fcatalunyalapedrera.com. Contact details of the DPO: dpo@fcatalunyalapedrera.com. You have the right to lodge a complaint with the Supervisory Authority (www.aepd.es) if you consider that the processing does not comply with the current legislation.



RESPONSIBILITY STATEMENT FORM

BARCELONA INTERNATIONAL YOUTH SCIENCE CHALLENGE 2025

PARTICIPANT INFORMATION

Name and surname of the participant: _____

ID or Passport number: _____

PARENT/LEGAL GUARDIAN INFORMATION

Name and surname of the parent/legal guardian: _____

ID or Passport number: _____

PARTICIPANT CODE OF CONDUCT

Participants must know that the *Barcelona International Youth Science Challenge* (hereinafter BIYSC or the program) is a multicultural program. The core values of the BIYSC are honesty, integrity, and respect. At BIYSC, we have high standards both on campus and off. We expect all our participants to represent themselves, their school, their country and BIYSC to the highest standard possible.

Every participant has the right to personal dignity and integrity, as well as the protection from any physical, emotional, or moral harassment or assault. Everyone has the duty to respect the freedom of conscience and religious beliefs, moral and ideological, and the dignity, integrity, and privacy of all members of the program, without discriminating against anyone on grounds of birth, race, sex or any other personal or social circumstance.

To this end, every staff member is expected to follow the code of practice of the program to guarantee a good cohabitation of all members within the program including participants, staff, researchers, and official guests. All participants must respect and comply with these basic rules.

Any violation of the following rules will result in immediate dismissal from the program, the loss of all the rights as a program participant and being asked to leave the program. Should this occur, no refund will be given, and any additional costs will be assumed by parents/guardians.

1. Do not use, possess, buy, sell, consume, or be involved with any type of illegal drugs narcotics or alcoholic beverages.
2. Do not steal or be involved in illegal activities according to the laws of Spain.
3. Do not leave without prior consent by BIYSC Coordinators, any of the BIYSC venues (accommodation, research centers...), activities or visits, wherever they are carried out.
4. Do not be sexually active during the development of the program.
5. Do not operate any type of motorized vehicle such as, but not limited to, cars, motorbikes or electric scooters.
6. Do not violate the rules of any of the facilities where BIYSC activities take place.
7. Do not carry, purchase, or use any type of instrument that may pose a personal threat or danger to others.
8. Do not be involved in threatening behaviour, bullying, harassment, or the use of offensive language to other participants, researchers, staff, or any other person.
9. Do not spread false or fabricated information and/or publicly share personal information about people involved in BIYSC that may embarrass them or harm their reputation.

Continuous failure to abide by the following specific rules will result in the dismissal from the program, the loss of all rights as a program participant, and being asked to leave the program. Should this occur, no refund will be given, and any additional costs will be assumed by parents/guardians.

1. Participants must show respect towards BIYSC's representatives (coordinators, staff or Chaperone delegate group) and not interfere with their instructions, processes or activities of the BIYSC program.
2. Participants must respect the BIYSC program schedule and always be on time when and where appointed.
3. Participants must attend all sessions and visits. In case of late arrival to program activities participants must give prior notice, justifying reasons for absences, and receive authorization from the BIYSC Staff Team.
4. Participants must strictly respect the curfew as a sign of respect to fellow participants, and to rest enough to correctly perform during research and activities.
5. Do not organize or attend parties outside of the officially planned activities.
6. Do not invite anyone outside of the BIYSC to its activities or facilities, including accommodation.
7. Do not move from the assigned room unless relevant problems are informed and confirmed by BIYSC Staff.
8. Do not contact BIYSC referents if participants are aware of unresolved problems of other participants that they believe are causing or may cause discomfort to other people.
9. Do not buy, sell, share, or smoke cigarettes, or use tobacco products. This includes vaping and e-cigarettes.
10. Participants shall make a conscious effort to socialize with BIYSC peers or have a sociable attitude affecting the overall enjoyment of the other participants.
11. Do not contribute to the aggravation of conflicts or disputes between other participants.
12. Do not contact parents/guardians, friends, etc... at home (by phone, internet, social media, text messages, etc.) if it does interfere with the scientific project, BIYSC activities, or during any experience in the program.
13. Do not receive visits from family or friends during the BIYSC.
14. Do not use mobile phone or other electronic devices during research project sessions or other BIYSC activities for any other use not related to the contents or requested or authorized by the researchers, speakers, or BIYSC Staff.
15. Do not engage in inappropriate use of social media by publishing or sending any unauthorized images or videos of people or venues during BIYSC or publish respectful comments of any kind.



Regarding the BIYSC venues (accommodation, research centers, transportation...):

1. Keep the room and the working space clean and tidy.
2. Respect the rules of the accommodation venue and take care of the goods and properties.
3. Strictly respect the rules at the Research Center. Note that in some projects or sessions take place in a laboratory or there are activities where safety measures must be taken very seriously.
4. On transportation, participants must take care of the vehicles and strictly follow the safety instructions and regulations.

The participant accepts full responsibility for his/her personal property during his/her entire stay; neither BIYSC nor any of its representatives shall be liable for any loss thereof.

BIYSC and its representatives are released from any claims and will be indemnified regarding financial obligations or civil/criminal liabilities incurred by the participant, or damage or injury to any persons or properties that the participant may cause during his/her participation at BIYSC program. It is the responsibility of the participant, his/her parents/guardians, and their insurance company to meet any such obligations or liabilities as described herein.

The participant voluntarily waives his/her rights as a program participant in case he/she decides to leave the program and return to his/her home prematurely for any personal reasons, other than injury or illness.

Each participant agrees to abide by this participant code of conduct of the program. Failure to do so may result in that person(s) being asked to leave the program. If this occurs, no refund will be given, and participants dismissed from the program will be returned home at their own expense.

I agree to abide by the participant code of conduct of BIYSC.

_____, ____ 2025

Participant's signature

Parent/legal guardian signature

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