

WAY UP 2025

The “Way Up” retreat is an adventure designed to be active yet accessible to the needs of all participants. Above all, it is an opportunity to connect with the outdoors and embrace new cultural experiences in a unique context. Enjoy 7 days among the mountains and the enchantment of the Trentino Dolomites, in the company of the Campo Base staff and volunteers, local instructors and guides and other young adults who have had a cancer diagnosis.

This is the application to participate in the Way Up International Session (September 2025). Your answers will help us to get to know you and help us put together a group of maximum 15 participants.

We ask you to take the time necessary to calmly read all the questions and provide the requested information in as much detail as possible, so that we can create a safe and appropriate program and be aware of the needs of each person. Please do not hesitate to contact us if you have any doubts or questions while completing this application.

We ask that you please do not withhold any potentially relevant health concerns, as we are committed to achieving the highest possible standard of safety (physical and emotional) for our participants and staff and it is important that we be aware of any relevant information to be able to achieve this.



Participation application
WAY UP - International session - 2025
Form A - To be completed by applicant

Please send completed form to: connect@associazionecampobase.org

PART I – Participant info

Full Name: _____

This application is only for the International Session: Dates 13-20 September 2025

Contact in case of emergency

Name and telephone number:

Relationship with the participant:

General Info

Date of Birth: _____ M F X

Address:

Cell Phone: _____ Email: _____

Please let us know if you are employed/a student/other (optional):

Medical Information

Cancer diagnosis:

Diagnosis date:

Are you currently receiving medical care that relates to this diagnosis?? Y / N (Please describe)

Are you receiving maintenance care? Y / N (If yes, please specify)

Are you in remission? Y / N Remission since (date):

Have you had any relapses? Y / N Date of most recent relapse:

Have you undergone chemotherapy? Y / N Date of most recent chemotherapy:

Have you received radiotherapy? Y / N - If yes, in which part of the body:

Please list any other medical conditions:

At which hospital/clinic/medical center were/are you treated?

Please list all surgeries you have received:

Please list all medication you are taking and details:

Name of med - Dosage - Intake - Day/Time - Notes

Do you take your medication autonomously? Y / N

Do you currently have a CVC or port? Y / N - Do you have any open wounds? Y / N

Are you able to bathe in a bathtub/pool/lake? Y / N

Could bumps or bruising lead to serious health complications for you?

Describe any difficulties with vision, hearing, balance.

Do you have any amputations/prosthetics? Y / N

Do you use any walking aids (crutches, wheelchair, other)? Y / N - If yes, please describe
Do you have any difficulties with the use of your limbs? Y / N - If yes, please describe
Can you climb a 4M vertical ladder without assistance? Y / N Can you climb 3 flights of stairs without assistance? Y / N
Do you have lung or circulatory complications, e.g. deep vein thrombosis?
Have you ever had vertigo/dizziness/feelings of instability or loss of balance? Y / N - If yes, please describe)
Have you ever had a seizure? Y/N
Do you have cognitive or sensory challenges? Please describe.
Have you had a tetanus vaccination? Date of last recall:
Please list any allergies (food, animals, medication, environmental, plants, dust etc.):

PART II – Program



1. Briefly describe your sports and outdoor activity experience and whether you are currently physically active (e.g. do you go for daily walks or play sports)? Please note: Living a “sporty” lifestyle is NOT a requirement for participation!

2. Do you suffer from insomnia or have difficulty sleeping?

3. Would you be comfortable sharing a room with other participants of the same gender?

4. Have you ever experienced symptoms of prolonged depression, burnout or mental health challenges that have limited your daily life and could affect your potential participation?

5. After reading the program description packet available for download at <http://www.associazionecampobase.org/wayupenglish> , please describe other issues that could be relevant with the activities proposed in the program.

(other health issues, limitations of any nature, anything not yet mentioned above ...)

Part III - Tell us more!

How did you hear about Way Up/Campo Base?

Why do you want to take part in the program?

Are there any aspects of this program that concern you? If so, which ones, and why? (Accommodation, cost, activities..)

Which elements of the program are you most excited about?

Please tell us something you want us to know about you!

Thank you so much!

Please send completed form including the following signature pages to :

connect@associazionecampobase.org

**AUTHORISATION AND RELEASE
FOR RECREATIONAL ACTIVITIES and PERSONAL INSURANCE**

I heartily declare that I, applicant (name, surname) _____ DOB (dd/mm/yyyy) _____ :

Have read and I AGREE or I DO NOT AGREE *(Please circle one)* to the following:

Activities with Campo Base

I am aware that, during my stay with Castel Campo and the APS ETS Base Camp Association, participants will be able to engage in recreational activities (excursions, camping, sports and activities, etc.) carried out with the preparation of specific precautions and suitable safety measures aimed at preventing risks of accidents and under the supervision of expert and competent personnel appointed by Castel Campo and the Campo Base Association to manage these activities.

1. In the event of injury to me, I hereby consent and authorize the administration of all treatments and tests that may be considered advisable or necessary in the judgment of any qualified medical personnel; and
2. I understand that as a condition of being a participant of listed camp activities or activities that are incidental or related to the same, **I will provide complete medical insurance coverage for any medical expenses which may be incurred.** All medical bills will be sent to me for payment or for forwarding to my insurance company.
3. I have read and understood this form and I assume all risks and liabilities which may result from my participation in any and all camp activities including, but without limitation to the following: swimming, rock climbing, rappelling, white water rafting, archery, climbing wall, sailing, bushcraft, camp out, hiking, nature trail, etc.
4. I assume all risks and liabilities which may result from my participating as a general participant and release and forever discharge and hold harmless Castel Campo and Campo Base Association, its employees, representatives, and agents from any and all actions, causes of action, claims, demands and liabilities arising out of injury to or damage sustained by me.
5. I agree to indemnify the Campo Base Association against any and all liability or loss, and against all claims or actions based upon or arising out of damage or injury to persons or property caused me.

Date

Signature

(This agreement is **MANDATORY** for being considered for participation.)

**AUTHORISATION AND RELEASE FOR
PROCESSING OF PERSONAL DATA (data privacy)**

I AUTHORIZE I DO NOT AUTHORIZE (Please circle one)

Associazione Campo Base APS and Castel Campo to carry out/have carried out the processing of my personal data for the purposes and with the methods indicated in the information form above and in the information sheet here attached and available from the Association website.

(This authorization is **MANDATORY for being considered for participation**, as we are unable to retain your form on file or even read it without your expressed approval.)

For further information contact info@associazionecampobase.org

_____ _____
Date Signature

**AUTHORISATION AND RELEASE FOR
USE OF MY IMAGE**

I AUTHORIZE I DO NOT AUTHORIZE (Please circle one)

Associazione Campo Base APS ETS and Castel Campo to carry out, with the use of any form of technology, recordings of my personal image and to use it for illustrative material (photographs, audiovisuals etc.) in order to promote the work of the organization, for promotional material (brochures, website, social media, etc.), as well as printed media of either Castel Campo or Associazione Campo Base APS.

_____ _____
Date Signature



INFORMATION ON THE MANAGEMENT AND STORAGE OF PERSONAL DATA FOR PARTICIPANTS

BELOW YOU WILL FIND THE INFORMATION REQUIRED BY CURRENT NATIONAL LEGISLATION AND EU REGULATION 2016/679

Who we are	Associazione Campo Base ONLUS promotes assistance and support initiatives in the social sphere, especially for people with serious illnesses or psychosocial distress and is the Data Controller of your data.
What obligations do you have?	We remind you that you have the right to decide whether or not to provide us with the requested data, but otherwise we will not be able to proceed with registration and participation in activities with Campo Base.
What data we process	For the purposes indicated in the information, we will process common personal data and in particular personal data (name, surname, address, telephone number, e-mail and other contact details) and particular personal data such as those relating to the state of health.
Why and how we process your data	<p>We use IT and paper tools to process the data you provide, in order to manage your participation in our activity; in particular, your data is processed to allow the administrative and insurance management of your participation or association, and to allow qualified staff to consciously and preparedly manage your participation in our activities.</p> <p>Once you have completed your participation in our activities, your data will be archived electronically in suitable media (database and software), and for short periods in paper form; this support will then be destroyed.</p> <p>Common personal data and contacts may also be stored on mobile devices and used for communications relating to the association's activities by telephone, text message, email and other messaging services.</p>
On what basis we use your data	<p>The processing of your data is based on consent. In the case of members, it is based on the associative relationship itself.</p> <p>We remind you that the data we request from you are essential for the correct planning of the activities with you, in order to guarantee an experience that is as safe as possible and adapted to the needs of the participant.</p> <p>If you do not intend to give consent, please contact us for further information on your participation at info@associazionecampobase.org</p>
To whom we will forward your data	<p>The data collected may only be known to personnel specifically in charge of processing operations and may be communicate to:</p> <ul style="list-style-type: none"> - Internal staff at Campo Base, both paid and voluntary; - Staff of supplier companies who may need them to carry out their work as best as possible (canteen); - External consultants who plan activities and who need this information for their correct management; - Law firm (in case of disputes); - Insurance bodies (if necessary). <p>The data processed will not be disclosed, much less transferred to third parties, nor shared. They will be communicated to other qualified parties exclusively to carry out the operations of the association and to provide information on the activities of the Association. The data will not be transmitted outside the European Union.</p>
How long we will keep your data	<p>We will retain your data in our archives for the period necessary to manage your participation and in view of your subsequent participations, to document our activity and also to respond to your data recovery needs.</p> <p>In any case, the data will be kept for a maximum of five years from your last participation. After that, only some of these will be preserved for reasons of historicity, but they will be made anonymous.</p> <p>For members, the personal data relating to the members register will be kept according to the terms of the law.</p> <p>It is understood that your data will be immediately deleted in the event of your signed cancellation of the Membership or at any time in which you decide to exercise the right to be forgotten (deletion) of the data; in this case we will no longer be able to honor what is stated in the signed membership.</p>
What obligations do we have towards him	<p>We have an obligation to respond to your requests to know how and why we process your data; we also have the obligation to correct incorrect data, integrate incomplete data and update data that is no longer accurate; finally, we have the obligations to delete the data and limit the processing; we are obliged to stop processing if you no longer agree; we are obliged to provide you with the personal data concerning you in a commonly used and readable electronic format or to transmit them to another Data Controller indicated by you.</p> <p>If necessary, contact us via email at info@associazionecampobase.org so as to verify together whether all the conditions required by law are met and to enable us to respond to your requests in the quickest and most effective manner.</p>
Who can you turn to in case of our shortcomings?	<p>If the response from us is not satisfactory, you can contact the Data Protection Guarantor. www.garanteprivacy.it</p>

For further information or clarifications you can contact us at info@associazionecampobase.org or at number 3474859654.

Fiavè, 31 January 2024

Thea Rasini - President of the Campo Base Association ONLUS