5th Izmir Sun, Fun and Culture Camp (ISFC-C) 2026

July 9 - July 20, 2026

Organized by Izmir & Denizli Rotary Clubs

Agean (West Anatolia) Mediterranean Coast of Turkey

5th Izmir Sun, Fun and Culture Camp (ISFC-C) 2026
Part I. Organized by Izmir Rotary Club

Day 1: July 9, Thursday

Arrivals and Welcome to Izmir

- Transfer from the airport by host families
- Free time with host families

Day 2: July 10, Friday

10:00 Meeting at District 2440 Office
(Hürriyet Bulvarı No: 4/1 D:405 Kavala Plaza Çankaya/Izmir)

- **Presentation Time:** Each participant will have 5 minutes to introduce themselves and their city/country. *(Please bring your presentation on a USB)*
- **Meeting with District 2440 Governor Rtn. Aylin Olut Ötken** and her welcome speech

13:00 Old City Tour – Walking through Kemeraltı Open Bazaar
14:00 Lunch at Ali Pasha Döner
15:30 Visit to Agora Ancient City
17:00 Seaside Walk – Promenade of Alsancak
18:30 Studio House Alsancak Bar

Day 3: July 11, Saturday

10:00 Meeting at **Foça** Bus Stop
11:00 Maymi Boat Tour *(Lunch included. Bring swimsuit)*
18:30 Dinner at Gözde Pide Restaurant, Foça
19:30 Free time in Foça
22.30 Meeting at Bus Station for departure

Day 4: July 12, Sunday

11:00 – 18:00 Bueno Beach Club, Foça
18:30 – 21:30 Open Buffet Dinner at Mark Warner Phokaia Beach Resort Hotel 5*
21:30 – 23:00 Tiki Bar

Day 5: July 13, Monday

10:00 – 13:00 Izmir Art and Culture Factory *(Meeting at World of Coffee in the garden)*

- Visit to Archeology & Ethnography, Painting & Sculpture Museums Quarter

13:30 Ferry trip from Alsancak Pier to Bostanlı Pier
14:30 Lunch at Kumrucu Ömür
16:00 Free time to prepare for dinner

19:30 Wyndham Grand Hotel, Izmir

- **İzmir Rotary Club Meeting & Dinner**
- **Flag Exchange Ceremony** *(Dress Code: Gents - long trousers and shoes; Ladies – know what they wear.)*
- **Summer Camp Party**

Day 6: July 14, Tuesday

11:00 Virgin Mary Visit

12:00-17:00 Ephesus Museum & Ancient City Visit

18.00-21.00: Şirince Village Wine Tour & Dinner

Day 7: July 15, Wednesday

10:00 – 18.00: Deep Nature Scuba Diving Center,Çeşme

Participants will receive international PADI Open Water Diver certification after completing a two-day scuba training program, followed by cultural activities and unforgettable coastal experiences in Cesme-İzmir.

18.30: Dinner at Tokmak Hasan Restaurant Çeşme

20.00: Free Time at Çeşme Marina

Day 8: July 16, Thursday

10:00 – 18.00: Deep Nature Scuba Diving Center,Çeşme

- PADI Open Water Diver Certification

18.30: Walking tour at Downtown Çeşme

20. 00: Dinner

Day 9: July 17, Friday

11:00 – 18:00 Underwater "Ghost Net" removal activity with Rotarians
19:00 Karaoke Night at House of X Beer House, Güzelbahçe

5th Izmir Sun, Fun and Culture Camp 2026
Part II. Organized by Denizli Rotary Club

Day 10: July 18, Saturday

13:30 Lunch at Enver Kebap *(Traditional Denizli Cuisine)*
15:00 City Tour – Bayramyeri Old Bazaar & Çınar District
(Free time for shopping)
17:00 Free time with host families
19:00 Happy Hour at Holly Stone Pub

Day 11: July 19, Sunday

10:00 Visit to **Pamukkale Travertine Pools** *(UNESCO World Heritage Site since 1988)*

- Swim in the **Antique Pool (Cleopatra Pool)** *(Bring swimsuits, slippers, towels, underwater glasses, and a camera.)*
- Visit to the **Ancient City of Hierapolis** *(Founded in the 2nd century BC as a thermal spa.)*

17:00 – 19:00 Cable Car Tour – **Bağbaşı Olive Plateau (1400m above sea level)**
19:00 – 23:00 BBQ Party at Vadi Restaurant *(Traditional **mangal** (bbq) included.)*

Day 11: July 20, Monday

Farewell

09:30 Transfer to İzmir Adnan Menderes Airport (ADB), (Denizli – İzmir: 3.5 hour drive)

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T Ü R K İ Y E

District 2440

INVITATION TO TÜRKİYE

5TH IZMIR SUN, FUN and CULTURE CAMP , TURKIYE 2026

- **Izmir Sun, Fun and Culture Camp (ISFC-C)**
  Agean (West Anatolia) Region of Türkiye
  Aegean Sea, Mediterranean Coast
  9th July - 20th July, 2026

- **Arrival & Departure**
  Izmir Adnan Menderes Airport (ADB)
  July 9, 2026 - July 20, 2026

- **Participants:**
  12 participants from all countries
  (Max. 2 from the same country)
- **Age:**
  18-25 years, university students
  Equal number of boys and girls

Programme Overview:

- **First Part I. (9 days) - Izmir:**
  Organized by Izmir, Rotary Club.
  Includes city life, culture, history, beach activities, Scuba Diving, fun, and parties.

- **Second Part II. (2 days) - Denizli:**
  Organized by Denizli Rotary Club.
  Nature, ancient cities, and thermal Pamukkale experiences.

- **Theme:**
  Dive into the Blue: Scuba, Sun & Culture in İzmir

- **Cost:**
  Camp fee: €960
  Includes transportation, most restaurants, boat trips, accommodation, Scuba Diving - PADI Certification (€250) All necessary diving suits and equipment will be provided by the organizing team.''
- **Museums and archaeological site entries are not included.**
- You will need to cover your airfare, health insurance, and pocket Money.

- **Language:**
  English (upper-intermediate level required for airport transit)
- **Insurance:**
  Participants must be insured against illness, accidents, and third-party damages which also must cover scuba diving. (CISI Bolduc Plan B , One month).

- **How to Apply**
  Complete the official **Rotary Youth Exchange Short-Term Exchange Program Camp Application Form**.
  Deadline for applications: **June 15, 2026**

Participant Health Declaration – Important Information

To ensure the safety and well-being of all participants, we ask you to complete the following medical questionnaire carefully and honestly. Scuba diving is physically and mentally demanding activities, and certain medical conditions may increase the risk of injury or illness while diving. This questionnaire is intended as an initial screening to help identify whether medical evaluation by a physician may be necessary before participation.

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DAN WRSTC World Recreational Scuba Training Council RSTC Recreational Scuba Training Council R·S·T·C Recreational Scuba Training Council Europe Undersea & Hyperbaric Medical Society

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive.*

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes ☐ *Go to Box A*	No ☐
2. I am over 45 years of age.	Yes ☐ *Go to Box B*	No ☐
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☐
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ *Go to Box C*	No ☐
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ *Go to Box D*	No ☐
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes ☐ *Go to Box E*	No ☐
8. I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ *Go to Box F*	No ☐
9. I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ *Go to Box G*	No ☐
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes ☐*	No ☐

Participant Signature

If you answered *NO* to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.) _____ Date (dd/mm/yyyy) _____

Participant Name (Print) _____ Birthdate (dd/mm/yyyy) _____

Instructor Name (Print) _____ Facility Name (Print) _____

* **If you answered *YES*** to questions 3, 5 or 10 above ***OR*** to any of the questions on page 2, please read and agree to the statement above by signing and dating it ***AND* take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

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Participant Name _____ **Birthdate** _____
(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐*	No ☐
A diagnosis of COVID-19.	Yes ☐*	No ☐

Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐*	No ☐

Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐

Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐*	No ☐

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

*Physician's medical evaluation required (see page 1).

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Diver Medical | Physician's Evaluation Form

Participant Name _____ Birthdate _____
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

_____ _____
Physican's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital _____

Address

Phone _____ Email _____

Physician/Clinic Stamp (optional)

Created by the Diver Medical Screen Committee in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego