



PARTICIPANT'S QUALIFICATION CARD OF CATCH THE FLAVA BREAKING CAMP 2018

1. Instruction

↓ HOW TO FILL IN THE CARD AND WHAT TO DO WITH IT LATER

Please complete the card in CAPITAL letters. Scan / photo of the document should be sent no later than July 10, 2018 at info@catchtheflava.com and the original document must be given to the assigned camp tutor at the first day of camp. Minors who are to be accommodated with a roommate of the same sex or with an adult person, must provide no later than July 10, 2018, the relevant Parent's consent or confirmed resignation of care. Template forms for these documents are available at "Downloads" section on our website: www.catchtheflava.com

2. Information about the holiday (fills the organizer)

↓ FORM OF THE HOLIDAY

COLONY CAMP HALF COLONY WINTER CAMP BIVOUAC OTHER

↓ DATE OF THE HOLIDAY

21 - 26 JULY 2018

↓ PLACE OF THE HOLIDAY

AL. JANA PAWŁA II 82, 31-579 KRAKÓW, POLAND

↓ ORGANIZER

CATCH THE FLAVA SP. Z O.O., WARSZAWSKA 3 OFFICE 9, 31-155 KRAKÓW, POLAND

↓ CONTACT TO THE ORGANIZER

INFO@CATCHTHEFLAVA.COM

↓ PLACE AND DATE

↓ ORGANIZER'S SIGNATURE

3. Information about the participant (fills the parent / legal guardian)

↓ PARTICIPANT'S FIRST & LAST NAME

↓ PARTICIPANT'S DATE OF BIRTH

↓ PARTICIPANT'S COUNTRY

↓ PARTICIPANT'S ADDRESS
↓ PARENT'S / LEGAL GUARDIAN'S FIRST & LAST NAME
↓ PARENT'S / LEGAL GUARDIAN'S ADDRESS
↓ PARENT'S / LEGAL GUARDIAN'S PHONE NUMBERS
↓ PARENT'S / LEGAL GUARDIAN'S ID DOCUMENT NUMBER

4. General information about the participant (fills the parent / legal guardian)

↓ SHORT DESCRIPTION OF THE PARTICIPANT

5. Information about participant's health (fills the parent / legal guardian)

↓ AFFLICTIONS OR SYMPTOMS SEEN RECENTLY (F.E.FAINTING, FREQUENT HEADACHES, NOSEBLEEDS, SHORTNESS OF BREATH ATTACKS, FREQUENT ABDOMINAL PAIN)
↓ CHRONIC DISEASES (ASTHMA, EPILEPSY, RHEUMATISM, HEART OR KIDNEY DISEASES)
↓ DOES THE CHILD HAVE ANY ALLERGIES OR CAN'T USE CERTAIN DRUGS (PLEASE INDICATE THE NAME OF THE FOOD, MEDICINE ETC.)?
↓ DOES THE CHILD TAKES MEDICINE REGULARLY (PLEASE SPECIFY THE DRUG AND THE DOSE)?
↓ DOES THE CHILD WEAR GLASSES, CONTACT LENSES, BRACES OR OTHER?
↓ DOES THE CHILD KNOW HOW TO SWIM?
<input type="checkbox"/> YES <input type="checkbox"/> NO
↓ DO YOU ALLOW THE CHILD TO USE OUR GUARDED SWIMMING POOL?
<input type="checkbox"/> YES <input type="checkbox"/> NO

↓ PAST DISEASES: (FILL THE YEAR)
<input type="checkbox"/> MEASLES <input type="checkbox"/> SMALLPOX <input type="checkbox"/> RUBELLA <input type="checkbox"/> MUMPS <input type="checkbox"/> OTHER
↓ VACCINATIONS
<input type="checkbox"/> TEŹŹEC <input type="checkbox"/> DIPHTERIA <input type="checkbox"/> TYPHOID <input type="checkbox"/> OTHERS
↓ OTHER SPECIAL NEEDS

6. Parent's / Guardian's statements (fills the parent / legal guardian)

<input type="checkbox"/>	I declare that I have read and fully accept the program of the Camp, General Conditions of Participation in the Catch The Flava Breaking Camp 2018 and General Insurance Conditions
<input type="checkbox"/>	I consent to my child's participation in Catch The Flava Breaking Camp 2018 including all movement activities and other events included in the camp's program. I declare that there are no medical contraindications to the child's participation in intense physical exercises.
<input type="checkbox"/>	I declare that in this card I gave all known to me information that can help to provide my child a proper care.
<input type="checkbox"/>	I've been informed and I accept that: - Camp Participants are not allowed to have and consume any alcohol, tobacco or drugs. - In case of breaking camp's Terms and Conditions participant can be expelled from the camp and transported back home on parents cost. - Parents/Guardians are responsible for the cost of any damages made by a child.
<input type="checkbox"/>	In case of any suspicions that the child might have consumed alcohol or drugs, I consent to alcohol / drug test to be carried by camp's staff.
<input type="checkbox"/>	In the event of danger to the child's health or life, I agree to his/hers hospital treatment, diagnostic procedures, operations and administration of medications.
<input type="checkbox"/>	I consent to the processing of personal data contained in this qualification card in the extent necessary for the safety and health of the child.

↓ PLACE AND DATE	↓ PARENT'S / LEGAL GUARDIAN'S SIGNATURE

7. Decisions, confirmations, observations of the organizer or the tutor (fills the organizer)

↓ ORGANIZER'S DECISION TO CLASSIFY THE PARTICIPANT
↓ CONFIRMATION OF THE STAY AND INFORMATION ABOUT THE STATE OF HEALTH OF THE CHILD DURING STAY
↓ TUTOR'S OBSERVATIONS ABOUT THE CHILD DURING THE CAMP