



PARTICIPANT'S QUALIFICATION CARD

READ THIS FIRST:

Please complete the card in CAPITAL letters. Scan / photo of the document should be sent no later than July 10, 2017 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, 2017, 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

INFORMATION ABOUT THE HOLIDAY

Form of the holiday:

- colony camp half colony
 winter camp bivouac other form

Date of the holiday: 23-27 July 2017

Place of the holiday: Al. Jana Pawła II 82, 31-579 Kraków

.....
place and date

.....
organizer signature

INFORMATION ABOUT THE PARTICIPANT

PARTICIPANT'S FIRST & LAST NAME		DATE OF BIRTH	
ADDRESS		COUNTRY	
PARENTS'/ GUARDIANS' NAMES			
PARENTS' ADDRESS			
PARENTS / GUARDIANS PHONE NUMBERS			
PARENTS'/GUARDIANS' ID DOCUMENT NO.			

GENERAL INFORMATION ABOUT THE PARTICIPANT

INFORMATION ABOUT PARTICIPANT'S HEALTH

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:			
<input type="checkbox"/> MEASLES <input type="checkbox"/> SMALLPOX <input type="checkbox"/> RUBELLA <input type="checkbox"/> MUMPS <input type="checkbox"/> OTHER:			
Vaccinations:			
<input type="checkbox"/> TĘŻEC <input type="checkbox"/> DIPHTERIA <input type="checkbox"/> TYPHOID <input type="checkbox"/> OTHERS:			
Other special needs			

Parent's/Guardian's statements:

1. I declare that I have read and fully accept the program of the Camp, Terms and Conditions of Participation in the Catch The Flava Camp and General Insurance Conditions
2. I consent to my child's participation in Catch The Flava Camp 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.
3. I declare that in this card I gave all known to me information that can help to provide my child a proper care.
4. 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.
5. 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.
6. 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.
7. 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

.....
parents / guardians' signature

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