



Caribbean Award Sub-Regional Council
C.A.S.C. Adventurous Journey 2010
Guyana, South America
July 30th - August 14th 2010
CODE NAME: Experiencing the Nature Kingdom

AFFIX
ONE
PHOTO
HERE

MEDICAL RECORD FORM

Please complete using block letters

PARTICIPANT

NAME: _____

MARITAL STATUS: (circle one) MARRIED SINGLE

NATIONALITY: _____

AGE: _____ PULSE RATE: _____ SEX: (circle one) FEMALE MALE

HEIGHT (m): _____ WEIGHT (kg): _____ BLOOD GROUP: _____

RELIGION (optional): _____

OCCUPATION: _____

ADDRESS: _____

TEL (H): _____ TEL (O): _____ TEL (M): _____

NEXT OF KIN: _____

TEL (H): _____ TEL (O): _____ TEL (M): _____

ADDRESS: _____

1 | Have you been Vaccinated/Immunised against any of the following? If yes, please give dates.

Diphtheria _____ Rubella _____ Cholera _____ Tetanus _____
Yellow Fever _____ Measles _____ Mumps _____ Polio _____ Hepatitis _____

2 | Do you suffer from any of the following? Please state the date of last attack or medical change.

Diabetes _____ Hypertension _____ Epilepsy _____
Rheumatic Fever _____ Heart Disease _____ Asthma _____
Other _____

Please list current & ongoing medication. Please ensure that you have a ready supply of medicines with you.

3 | Do you have any Allergies to foods, medicines, pollens, mites, dust and/or additives? If yes, please explain.

4 | Have you been in contact with or suffered from any contagious illness within the last 6 months?
If yes, please explain.

5 | Have you recently travelled to an area of endemic or epidemic disease? If yes, please state the nature of such disease or travel.

6 | When was your last Dental review? _____
If none or never, please ensure that you do before attending CASC2010.

7 | Has your Vision been checked lately & do you have any special visual requirements?

8 | Do you have any special dietary requirements for medical or religious purposes? If yes, please explain? Are you a vegetarian? If yes, are you a lacto-vegetarian?

9 | Have you had surgery or any other medical disability within recent times i.e. fractures, hernias, appendicitis, etc? If yes, please explain.

I hereby acknowledge that the above information is accurate as stated.

Applicant Signature

Date

Parent/Guardian Signature (if minor)

Date

MEDICAL RELEASE (IMPORTANT)

IN THE EVENT OF A LIFE-THREATENING EMERGENCY (FOR EXAMPLE - APPENDICITIS) WHERE TIME IS CRITICAL, CONSENT IS HEREBY REQUESTED FOR THE EXPEDITION LEADER, CHAIRMAN, NAA OR THEIR REPRESENTATIVE, TO SIGN THE HOSPITAL MEDICAL FORMS FOR ANY APPROPRIATE MEDICAL PROCEDURE THAT MAY BE NECESSARY, TO CONTAIN SAME TO YOUR SON/ DAUGHTER/WARD OR SELF.

(STRIKE OUT GIVE CONSENT OR DO NOT GIVE CONSENT, AS APPROPRIATE)

I, _____, HEREBY

[GIVE CONSENT]

[DO NOT GIVE CONSENT]

TO THE MEDICAL RELEASE.

Parent/ Guardian Signature (if a minor)

Date



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REGISTRATION FORM

Please complete using block letters

- Silver Participant
 Gold Participant
 Leaders' Training Course
 Staff

PLEASE READ CAREFULLY & THEN COMPLETE AS FULLY AS POSSIBLE, **USING BLOCK LETTERS**. ENCLOSE TWO RECENT PASSPORT SIZE PHOTOGRAPHS OF YOURSELF; ONE SHOULD BE ATTACHED TO THE TOP OF THIS FORM & THE OTHER TO THE MEDICAL FORM. THE REGISTRATION FEE IS US\$200.00. COMPLETED FORMS & AT LEAST HALF THE REGISTRATION FEE SHOULD BE RETURNED BY AUTHORISED AWARD SCHEME OFFICIAL TO REACH THE GUYANA ON OR BEFORE MAY 15th, 2010.

FINAL PAYMENT IS DUE BY JUNE 15th, 2010. (See information on page 5)

NAME: MR./MS./MRS.: _____

ADDRESS: _____

E-MAIL: _____ TEL: _____

MOBILE: _____ FAX: _____

MARITAL STATUS: (circle one) MARRIED SINGLE

DATE OF BIRTH: ____ / ____ / ____ AGE: _____
 MM DD YY

NATIONALITY: _____

HEIGHT (m): _____ WEIGHT (kg): _____

NEXT OF KIN: _____

TEL (H): _____ TEL (O): _____ TEL (M): _____

ADDRESS: _____

E-MAIL: _____ RELATIONSHIP: _____

HAVE YOU TRAVELLED OR LIVED OVERSEAS? YES: _____ NO _____

IF YES, LIST COUNTRIES AND DATES: _____

LIST ANY LANGUAGES YOU SPEAK/WRITE/READ: _____

LIST ANY MUSICAL INSTRUMENT YOU PLAY: _____

AWARD PROFILE:

Indicate year Award(s) completed:

BRONZE	SILVER	GOLD

LIST DETAILS OF ANY OTHER ADVENTUROUS JOURNEYS, EXPEDITIONS OR EXPLORATIONS THAT YOU HAVE UNDERTAKEN:

1 | _____

2 | _____

3 | _____

IT IS EXPECTED THAT REPRESENTATIVES MIGHT TALK WITH SCHOOL GROUPS, SERVICE CLUBS & THE MEDIA. HAVE YOU ANY EXPERIENCE IN PUBLIC SPEAKING?

YES: _____ NO: _____ IF YES, PLEASE LIST: _____

HAVE YOU UP-TO-DATE CERTIFICATION OR EXPERIENCE IN ANY OF THE FOLLOWING? IF CERTIFIED, STATE & GIVE DATES. IF NOT, PLEASE RATE YOURSELF USING THE SCALE BELOW:

1 - GOOD 2 - FAIR 3 - POOR 4 - NO EXPERIENCE

SMALL BOAT HANDLING (*inflatable rubber boats*): _____

REPAIR & MAINTENANCE OF OUTBOARD MOTORS: _____

MARINE RESCUE: _____ LAND RESCUE: _____ SAILING (*dinghy*): _____

SAILING (YACHT): _____ FIRST AID: _____ LIFE-SAVING: _____

CARPENTRY: _____ ELECTRICAL: _____ PAINTING: _____

PLUMBING: _____ SCUBA DIVING: _____ COOKING (*wood fire*): _____

HAVE YOU ANY EXPERIENCE IN SURVIVAL TRAINING? _____

CAN YOU SWIM? YES: _____ NO: _____

IF YES, CAN YOU TREAD WATER FOR 5 MINS? _____ CAN YOU SWIM 25 YARDS NON-STOP? _____

PHYSICAL PROFILE:

HOW MANY OF THE FOLLOWING EXERCISES CAN YOU DO IN ONE MINUTE?

PUSH-UPS: _____ FULL SQUATS: _____ SIT-UPS: _____

WHAT IS YOUR PULSE RATE? _____ TIME TO RUN A MILE: _____

DO YOU EXERCISE REGULARLY? _____ CAN YOU FREE DIVE? _____

HAVE YOU ANY TRAINING/EXPERIENCE/QUALIFICATIONS IN ANY OF THE FOLLOWING?

UNARMED COMBAT: _____ BOXING: _____ WRESTLING: _____

JUDO: _____ KARATE: _____

PASSPORT INFORMATION (Please note that Passport Expiry date must be more 6 months beyond your date of travel)

COUNTRY ISSUED: _____ PLACE ISSUED: _____

DATE ISSUED: _____ PASSPORT NUMBER: _____

WHAT WILL IT COST YOU TO ATTEND CASC 2010? BDA\$ _____

HOW WILL THE COST OF YOUR TRIP BE FUNDED? _____

WHAT SIZE T-SHIRT DO YOU WEAR? (Circle as appropriate) MEDIUM LARGE X-LARGE

ADDITIONAL T-SHIRTS WILL BE ON SALE ALONG WITH CASC'10 SIGNATURE SHIRTS (US\$15.00)

TO BE SIGNED BY APPLICANT AND, IF A MINOR, BY PARENT/GUARDIAN

I, HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN IN THIS DOCUMENT IS CORRECT. I UNDERSTAND THAT I AM RESPONSIBLE FOR MAKING MY OWN INSURANCE ARRANGEMENTS WHILE ON THIS VENTURE.

SIGNED: _____ DATE: _____

I AM A: (circle one) PARTICIPANT AWARD LEADER STAFF

SIGNED _____ DATE: _____

Parent/Guardian (if under 18 yrs)

TO BE COMPLETED BY AN NATIONAL AWARD AUTHORITY OFFICIAL (NAA)

THE ABOVE INFORMATION REGARDING: _____ IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.

NAME: Tina Nash

NAA: Bermuda

NAA TITLE: National Director

SIGNATURE: _____

DATE: _____

COMPLETED FORMS ARE TO BE RETURNED TO:

MS. ALICIA POMPEY, ASSISTANT FIELD OFFICER
THE PRESIDENT'S AWARD: REPUBLIC OF GUYANA
91 MIDDLE STREET, SOUTH CUMMINGSBURG, GEORGETOWN, SOUTH AMERICA

Or e-mail completed forms to pyarg@guyana.net.gy

BANK DRAFTS SHOULD BE MADE PAYABLE TO:

2010 CASC - PRESIDENT'S YOUTH AWARD: REPUBLIC OF GUYANA
BANK OF NOVA SCOTIA