



**CARIBBEAN AWARD SUB-REGIONAL COUNCIL
C.A.S.C. ADVENTUROUS JOURNEY 2012
BAHAMAS
JULY 27th – AUGUST 12th, 2012
CODE NAME: “Blue Water Run”
MEDICAL RECORD FORM**

AFFIX
ONE
PHOTO
HERE

“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 (W):**..... **TEL (C):**.....

NEXT OF KIN.....

ADDRESS.....

TEL (H):..... **TEL (W):**..... **TEL (C):**.....

1. Have you been Vaccinated/ Immunized against any of the following? If yes 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 and 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 CASC 2012.

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

.....

8. Do you have any special dietary requirement for medical or religious purposes? If yes, please explain? Or 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.....HERE BY [GIVE CONSENT] [DO NOT GIVE CONSENT] TO THE MEDICAL RELEASE.
(Parent/Guardian)



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BAHAMAS
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CODE NAME: “Blue Water Run”
REGISTRATION FORM**

AFFIX
ONE
PHOTO
HERE

- 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 AND THE OTHER TO THE MEDICAL FORM. THE REGISTRATION FEE IS US\$200.00. COMPLETED FORMS AND AT LEAST HALF THE REGISTRATION FEE SHOULD BE RETURNED BY AN AUTHORISED AWARD SCHEME OFFICIAL TO REACH THE BAHAMAS ON OR BEFORE 1st MAY 2012.

NAME: MR./ MS./ MRS:

ADDRESS:.....

E-MAIL: TEL:

CELL: 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 (W)..... TEL (C).....

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 CERTIFICATE OR EXPERIENCES 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*) SAILING (*dinghy*):..... SAILING (*yacht*):.....

REPAIR & MAINTENANCE OF OUTBOARD MOTORS:..... COOKING (*wood fire*):.....

PAINTING: LAND RESCUE:..... MARINE RESCUE..... FIRST AID:

SCUBA DIVING: LIFE-SAVING:..... CARPENTRY:..... ELECTRICAL:.....

PLUMBING:.....

HAVE YOU ANY EXPERIENCE IN SURVIVAL TRAINING?

CAN YOU SWIM? YES: NO:

IF YES, CAN YOU TREAD WATER FOR 5 MINUTES?

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.....

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 than 6 months beyond your date of travel,)

COUNTRY ISSUED: PLACE ISSUED:

DATE ISSUED: PASSPORT NUMBER:

WHAT WILL IT COST YOU TO ATTEND CASC 2012?.....

HOW WILL THE COST OF YOUR TRIP BE FUNDED?

T-SHIRT SIZE: *(Circle as appropriate)* MEDIUM LARGE X-LARGE

ADDITIONAL T-SHIRTS WILL BE ON SALE FOR US\$10.00

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 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: NAA:

NAA TITLE: SIGNATURE:..... DATE:

COMPLETED FORMS ARE TO BE RETURNED TO:

Ms. Denise Mortimer, National Executive Director

Governor-General's Youth Award

#11 Patton Street, Palmdale

P.O. Box SS-19228

Nassau, Bahamas

Or e-mail completed forms to ggya@coralwave.com

BANK DRAFTS SHOULD BE MADE PAYABLE TO: