

Please complete all these forms for each child and return to us by post 7 days after your first payment is completed and your invoice received. If any information changes after completion and prior to departure, please notify us immediately.

Application Form

Camp: Football Camp

Dates:

Camp address: Ośrodek Wypoczynkowy „Dukat”, ul. Kmietowicza 181B,
34-470 Czarny Dunajec, Poland.

Parent/Guardian/Carer Details

Mother/Guardian name:Surname:

Mobile: E-mail:

Father/Guardian name: Surname:

Mobile:E-mail:

Home address:

Address of the parents at the time of the child's stay on the camp (if different from above):
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Participant Details

Participant's (child) surname: first name:

Date of birth:/...../...../

Nationality:

Passport details:

Number	Expire Date	Issued
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...../...../.....

Home address:

Medical Details

Name and telephone of GP:

Medical history (year), please check the box below:

Date of last Tetanus:Booster:

rubella	<input type="checkbox"/>	epilepsy	<input type="checkbox"/>	measles	<input type="checkbox"/>
scarlatina	<input type="checkbox"/>	rheumatic disease	<input type="checkbox"/>	asthma	<input type="checkbox"/>
kidney disease	<input type="checkbox"/>	swine disease	<input type="checkbox"/>	other	<input type="checkbox"/>
chickenpox	<input type="checkbox"/>	jaundice	<input type="checkbox"/>		

Details:.....

.....

Over the past 12 months has the child suffered from any of the following? Tick the box:

Headaches	<input type="checkbox"/>	Vertigo/Fainting	<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>
Runny Nose	<input type="checkbox"/>	Chronic Cough	<input type="checkbox"/>	Angina	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	other	<input type="checkbox"/>

Details:

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Has your child been in hospital or seen a doctor last 6 months?

Yes No

If yes, please give details below:

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.....
.....

Does your child have any allergies? Yes No

If yes, please give details below:

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.....

Does your child require medication whilst at camp? Yes No

If yes, give details below:

Medication name	Dose	How is it administrated?	When must it be taken?

Medication should be handed over to the organiser or supervisor at the drop-off point for the children.

This form must be signed by the parent or legal guardian of the child to show that consent has been given to administer the medication listed in the above table.

Please mention any other comments about the health of the child that we might need to be made aware of:

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Does your child wear: braces glasses contact lenses

other

Does your child suffer from travel (Car) Sickness? yes no

If yes, please indicate here the medication you have provided, and the dosage required

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Please make sure to pack medication into hand luggage.

Does your child can participate in all sports activities? yes no

If no, give details below:

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.....

Please mention any other comments about the health of the child that we might need to be made aware of:

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.....

I DECLARE THAT I HAVE STATED ALL KNOWN INFORMATION, THAT MAY HELP IN PROVIDING APPRIORATE CARE AND ASSISTANCE TO THE CHILD DURING THE STAY AT THE CAMP, IN THIS FORM.

CONSENT FOR TREATMENT: I hereby give my consent for sports camp staff to secure the proper medical care; including transportation and hospitalization, if necessary. Every attempt will be made to contact the parent or guardian to inform you of the need for any medical attention beyond minor first aid, if necessary.

Name of Parent/Guardian:Signature:

Date: