

POLISH SCOUTING ORGANIZATION – ZHP, Inc.
ZWIĄZEK HARCERSTWA POLSKIEGO
OŚRODEK LOS ANGELES

HEALTH STATEMENT/MEDICAL RELEASE/PROGRAM REGISTRATION
ZGŁOSZENIE NA BIWAK/WYCIECZKĘ

I will attend the Biwak/Wycieczka from March 24, 2006 to March 26, 2006.

Name of child: _____.

Date of Birth: ____ / ____ / ____.

Address: _____

Home phone: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Emergency Contact: _____

Allergies: _____

Does the child have any medical conditions or limitations that the leader should be aware of? If so, please specify:

Is the child taking any medications? If so, please specify:

Medical Insurance Carrier: _____ Policy/Group# _____

Waver of Liability/Parental Release

I hereby state that to the best of my knowledge, the above statements are true and correct, the named child is in good health, and is free of any contagious diseases. Furthermore, I agree that in the case of an accident or sickness, my child may be treated by a doctor associated with or selected by the Polish Scouting Organization. I also give permission to the physician selected by the program director to order x-rays, routine tests and treatment for the health of my child, and, in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to perform injection and/or surgery for my child named herein.

I hereby give permission to my child, named in this form, to participate in the Biwak/Wycieczka program. I waive any claim, demand or cause of action, legal or equitable against its Officers and Staff for any injuries to my child that might be sustained by him/her during the duration of the program.

I understand that my child's participation in the trip to Magic Mountain on March 26, 2006 is optional and is not part of the Biwak program. I acknowledge that participation in this trip is at my sole discretion and that the Polish Scouting Organization's coordination of this trip is limited to offering access to group rate tickets. I waive any claim, demand or cause of action, legal or equitable against the Officers and Staff of the Polish Scouting Organization for any injuries that may be sustained by him/her during said trip.

Printed name of Parent or Guardian

Signature of Parent or Guardian

Date: _____

Proszę zaznaczyć: Zuch/Harcerz/Harcerka/Wędro