

ZWIAZEK HARCERSTWA POLSKIEGO
Polish Scouting Association in Canada
Permission Form / Pozwolenie
Hufiec Młody Bór – OBÓZ 2017

Participant's Name: _____ Stopień: _____ Szczep _____

Date of Birth (M/D/Y): _____ Health Card Number _____

Participant's Home Address: _____

City: _____ Province: _____ Postal Code: _____ Home Phone: _____

Parent(s)/Guardian Names: _____

Mother's Work/Mobile Phone: _____ Father's Work /Mobile Phone: _____

Contact E-mail address: _____

Emergency Contact Name: _____ Emergency Contact Number: _____
(other than parent(s)/guardian listed above)

Relationship to participant: _____

PERMISSION / POZWOLENIE

I give permission for _____ to take part in the Summer Camp (Obóz Harcerski)
(participant's Name & Surname)
taking place at Ernest Poole Camp, Wabamun, Alberta from July 2nd to 12th, 2017.

The camp program includes the following activities: walking and hiking, sailing; swimming, canoeing, singing, crafts, outdoor sports and activities, and games.

Permission is given to take part in all activities, except for: _____

I release and agree to indemnify and hold harmless the Polish Scouting Association, its units, members and volunteers from any liability concerning my Participant child's involvement in approved scouting activities.

I understand that photographs may be taken during this scouting activity by the organizers, and the resulting images may be used in the Association's brochures and promotional materials including the Association's websites, without further notice to me, and I consent to such use of the photos.

I understand that, in the event my child is sent home due to a violation of the standards of conduct, I will bear all costs of the transport home and I acknowledge that I will receive no reimbursement of scouting or activity fees.

Parent's/Guardian's signature: _____ Date: _____

Parent's/Guardian's name (please print): _____

By signing below, I agree to abide by all rules, regulations and procedures and standards of conduct as prescribed by the Polish Scouting Association and its units.

Participant's signature: _____ Date: _____

