

ZWIAZEK HARCERSTWA POLSKIEGO

POLISH SCOUTING ASSOCIATION Z.H.P. IN AUSTRALIA INC.

ABN:96 655 314 355

Incorporated in Victoria
ARBN: 105 459 096

Reg No: A0038164F

REGISTRATION and PERSONAL HEALTH FORM – UNDER 18's

2018

Valid to **28 February 2019**

Participant and Personal Contact Details

Full name _____ Stopień _____
Hufiec _____ Funkcja _____
Date of birth: _____ Home Phone _____ Mobile Phone: _____
Home address: _____
Postal address: _____
E-mail: _____ Work e-mail: _____

Emergency contacts

Full name: _____ Relationship to the participant _____
Address: _____
Home phone _____ Mobile phone _____

State Based Working with Children Check (Queensland and Victoria)

Card number: _____ Valid to: _____

Basic First Aid

I agree to the provision of basic first aid treatment, if required I agree to the provision of paracetamol, if required

Medicare / Health Insurance and Ambulance Details

Doctor's name: _____ Phone number _____
Medicare number _____ Participant # _____ Expiry date: _____
Private Health Fund _____ Membership number _____
Ambulance Cover _____ Ambulance number _____

Note that in some states, transportation by ambulance is subject to charges if not covered by an Ambulance subscription or Private Health Insurance

Allergies

List any allergies of any kind eg. food, first aid dressings, insect stings, drugs, ointments, pollens etc. Please list any foods that the participant is unable to eat for medical reasons. Clearly explain symptoms and the type of reaction. Please ensure that the severity of the reaction is clearly indicated, as well as the treatment required.

Allergy / Asthma / Food	Specific type of Reaction	Severity (1 – 5) (mild) - (severe)	Treatment

Medical Conditions

Please indicate if the participant suffers from any medical condition (other than Asthma / Allergy)

Bedwetting Dizzy or fainting spells Heart condition Sleeping disorder Blackouts
 Fits Migraine Sleepwalking Diabetes Epilepsy
 Nosebleeds Travel Sickness Ear nose throat Skin Condition
 Other - please explain

Please provide details of any treatments required for Medical Conditions selected above:

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Limits of participation:

Please provide details of any other limitations, including injury or illness, or concerns, which may affect participation in any activity - please include any recent (within the last 12 months) stays in hospital (including overnight)

Permission for Emergency Medical Treatment

In the event that professional medical care is required, I understand that every effort will be made to contact my emergency contact. I acknowledge that in the case of an emergency, medical treatment may be sought by the Scout Leaders and/or provided by health care practitioners without my consent. I hereby authorise the Scout Leaders to secure such medical advice and services as may be required. I agree to accept financial responsibility for such treatment, and any ambulance transportation. In the event of an allergic reaction or asthma attack, I authorise the Scout Leaders to administer treatment indicated in the Allergies/Asthma section of this form. I undertake to notify the State Commissioner (Hufcowy/a) of any changes that arise to the information I have provided on the Registration and Medical Details form.

Inherent Risk - Waiver of Liability

Activities undertaken during meetings and events organised by the Polish Scouting Association Z.H.P in Australia Inc., ("scouting activities") and its members and leaders, involve physical demands and inherent risks, which are beyond the control the Polish Scouting Association ZHP in Australia Inc ("ZHP") and its members and leaders. In spite of precautions and supervision of scouting activities by leaders, incidents and accidents may occur and cause injury. ZHP and its leaders do not assume any responsibility for such incidents and accidents whether causing injury or not and all participants and their parents or legal guardians assume and accept the risks and dangers involved.

Photography Acknowledgement

I acknowledge that photographs taken may be used by Polish Scouting Association (ZHP) for the purposes of publicising scouting activities. I also acknowledge that photographs may be published on Social Media sites without the permission or knowledge of Leaders of Polish Scouting Association (ZHP).

Acknowledgement and Payment

I _____
(full name)

have read and understood the

Waiver and release of liability

Permission for Medical Treatment and First Aid

Rules of Participation in Activities

Photography Acknowledgement

and hereby agree to their terms

Signed _____ Date _____

Payment details **A/c Name: Polish Scouting Association ZHP, BSB 032-123, A/c No. 180 730**

Payment amount _____ Payment date _____

Payment method _____