



# BARBADOS BOY SCOUTS ASSOCIATION

## NATIONAL ACTIVITIES - ADULT REGISTRATION FORM

FULL NAME: .....

DATE OF BIRTH: ..... RELIGION: ..... GROUP: .....

### NEXT-OF-KIN

In case of emergency, please contact:

NAME: ..... TEL.#: ..... (H) ..... (W)

ADDRESS: ..... (C)

NAME: ..... TEL.#: ..... (H) ..... (W)

ADDRESS: ..... (C)

### MEDICAL INFORMATION

Do you have or are subject to: *(Please circle Yes or No for each of the following medical conditions)*

ALLERGIES: YES/NO FOOD YES/NO INSECT BITES YES/NO MEDICINES YES/NO PLANTS

If Yes, Details: .....

YES/NO ASTHMA	YES/NO ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)	YES/NO BLEEDING DISORDERS
YES/NO BLEEDING DISORDER	YES/NO BRONCHITIS	YES/NO CONVULSIONS/SEIZURES
YES/NO DIABETES	YES/NO EPILEPSY	YES/NO FAINTING SPELLS
YES/NO HEADACHES/MIGRAINE	YES/NO HEART TROUBLE	YES/NO HIGH BLOOD PRESSURE
YES/NO KIDNEY DISEASE	YES/NO MOTION SICKNESS	YES/NO NERVOUS CONDITION
YES/NO SICKLE CELL DISEASE	YES/NO SLEEPWALKING	YES/NO OTHER

If Yes, Details: .....

Are you under medical care or taking medication? ..... Details: .....

Date of last Tetanus Shot: ..... Blood Group: .....

Are you covered by Medical Insurance? ..... Details: .....

### LEADER'S CONSENT

I, ....., agree to attend the three Woodbadge 2018 Weekend Camps at "Hazelwood", Collymore Rock, St. Michael from 25<sup>th</sup> to 27<sup>th</sup> May 2018, 8<sup>th</sup> to 10<sup>th</sup> June 2018, and 29<sup>th</sup> June to 1<sup>st</sup> July 2018.

In case of emergency and I am unable to communicate, I understand every effort will be made to contact my Next-of-Kin. In the event neither can be reached, I hereby give my permission to the licensed Medical Practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, and/or injections of medication for myself.

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Leader Date