



**BARBADOS BOY SCOUTS ASSOCIATION
XIV CARIBBEAN JAMBOREE CONTINGENT
LEADER REGISTRATION FORM**

Attach
Passport Sized
Photo Here

Do Not Staple

FULL NAME:
 SCOUT GROUP: DATE OF BIRTH:
 NATIONALITY: RELIGION:
 PASSPORT #: EXPIRY DATE: T-SHIRT SIZE:

NEXT-OF-KIN

In case of emergency, please contact:

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

MEDICAL INFORMATION

I have or am subject to:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> BLEEDING DISORDERS | <input type="checkbox"/> BRONCHITIS |
| <input type="checkbox"/> CONVULSIONS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> FAINTING SPELLS |
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> HEART TROUBLE | <input type="checkbox"/> MOTION SICKNESS | <input type="checkbox"/> NERVOUS CONDITION |
| <input type="checkbox"/> SLEEPWALKING | <input type="checkbox"/> OTHER | | |

Details:

Special Dietary Needs:

Are you under medical care or taking medication? Details:

Date of Tetanus Shot: Yellow Fever: Blood Group:

Are you covered overseas by Medical Insurance? Details:

LEADER'S CONSENT

I,, hereby accept being selected as a Member of the Barbados Contingent to the XIV Caribbean Jamboree at the National Exhibition Site, Sophia, Georgetown, Guyana from 8th August, 2009 to 16th August, 2009.

In the event of illness or injury during my attendance at the XIV Caribbean Jamboree and should I not be able to communicate, I hereby give consent to whatever treatment is necessary as advised by the Physician and in agreement with the Leader and Advisor of the Barbados Contingent. I accept that in the event of serious illness or injury every possible effort to reach my family will be exercised.

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 Signature Date