

ZWIAZEK HARCERSTWA POLSKIEGO - Polish Scouting Association in Canada
Permission Form / Pozwolenie
Szczep Wodny Bałtyk - 2018/2019

Wędrownik

Participant's Name: _____ Stopień: _____

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

Participant's Home Address: _____

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

Allergies: _____

Parent(s)/Guardian Names: _____

Contact E-mail address: _____

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

Emergency Contact Name: _____ Emergency Contact Number: _____

Składki roczne do Szczepu Bałtyk wynoszą **\$150 za jednego** uczestnika. Składki roczne wynoszą \$250 za dwóch uczestników, \$345 za trzech uczestników i \$440 za czterech uczestników.

Po 31go października, każdy uczestnik płaci o \$5 więcej: za jednego \$155, za dwóch \$260, za trzech \$355, za czterech \$540.

Dodatkowe (Harcerze): Książka Harcerska Bałtyku (Stopnie, Wiedza, i Piosenki) \$20; Śpiewnik Bałtyku \$20.

Czeki proszę wystawiać na „PSA ZHP Bałtyk”.

Electronic Mail Transfer (E-Transfer): szczep.wodny.baltyk@gmail.com

Dla harcerzy: Książka Harcerska Bałtyku Śpiewnik Bałtyku

PERMISSION / POZWOLENIE

I give permission for _____ to take part in the
(participant's Name & Surname)

POLISH SCOUTING PROGRAM IN the Greater Toronto Area from September 04, 2018 to June 22, 2019, including monthly meetings (zbiorki) at locations to be determined by the scout master and additional activities at such other times and places as will be communicated from time to time.

Activities involved in weekly meetings include games, singing, crafts, indoor and outdoor sports and training.

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.

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.

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

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

