



Związek Harcerstwa Polskiego
Chorągiew Harcerzy Kanada
Hufce "Karpaty" i "Pieniny"

Kurs Zastepowych 2014 - 2015

GDZIE I KIEDY

Hufce „Karpaty” i „Pieniny” organizują kurs zastepowych w Woodland Trails Scout Camp (mapka załączona) w budynku Elmview Lodge. Kurs jest dla tych w wieku 10+ i dla tych co mają co najmniej stopień młodzika. Kurs odbędzie się od 19:00 w piątek 7-go listopada 2014 r. do 15:00 w niedzielę 9-go listopada 2014 r.

KOSZT

Koszt uczestnictwa w biwaku wynosi \$50. W cenę biwaku wliczone jest wyżywienie podczas całego weekendu oraz zakwaterowanie.

TRANSPORT

Rodzice proszeni są o dowieszenie harcerzy na miejsce kursu na 19:00 w piątek 7-go listopada, i odebranie o 15:00 w niedzielę 9-go listopada. Mapka wraz ze wskazówkami jak dojechać jest dołączona.

EKWIPUNEK

Pełny mundur harcerski, plecak, materac, śpiwór, odpowiednie ubranie, wygodne buty, skarpety, osobista bielizna, przybory toaletowe i mały ręcznik, gwizdek, zegarek, latarka, śpiewnik, **OHIP**, zeszyt, długopis, materiały harcerskie (programy, książki, cykle itd.), oraz menażke.

ZABRONIONE SA

1. Walizki. Harcerze przyjeżdżają na kurs z jednym plecakiem.
2. Zapalki, świeczki oraz jakiegokolwiek inne łatwopalne przedmioty lub płyny.
3. Radia, magnetofony oraz jakakolwiek inna maszyna która gra muzykę z płyt, płytek, taśm lub fal radiowych.
4. Wszelkie jedzenie które kojarzy się z wyrazem "junk food" jest surowo zabronione!

ZGŁOSZENIA I PYTANIA

Jeżeli są jakieś pytania to można do mnie zadzwonić pod numer telefoniczny (905)279-5932 lub napisać na adres e-mailowy harcerzekarpaty@zhpkanada.org

Wypełnione zgłoszenie, Waiver/Release of Liability, Emergency/Personal Health Form, wraz z pełną **opłatą - \$50** należy przesłać do 24-ty października na adres:

Namiestnik Harcerzy: Michael Knap,
490 Silver Creek Blvd, Mississauga, ON, L5A 2B3

Czeki należy wystawić na: PSA – ZHP HUFIEC KARPATY

Termin zgłoszenia upływa 24-ty października, 2014. Zgłoszenia telefoniczne i listy polecone nie będą przyjęte. „Postdated” czeki nie mogą mieć daty późniejszej niż 24-ty października 2014.

Z harcerskim pozdrowieniem
Czuwaj!

Pwd. Michal Knap
Namiestnik Harcerzy Hufiec Karpaty

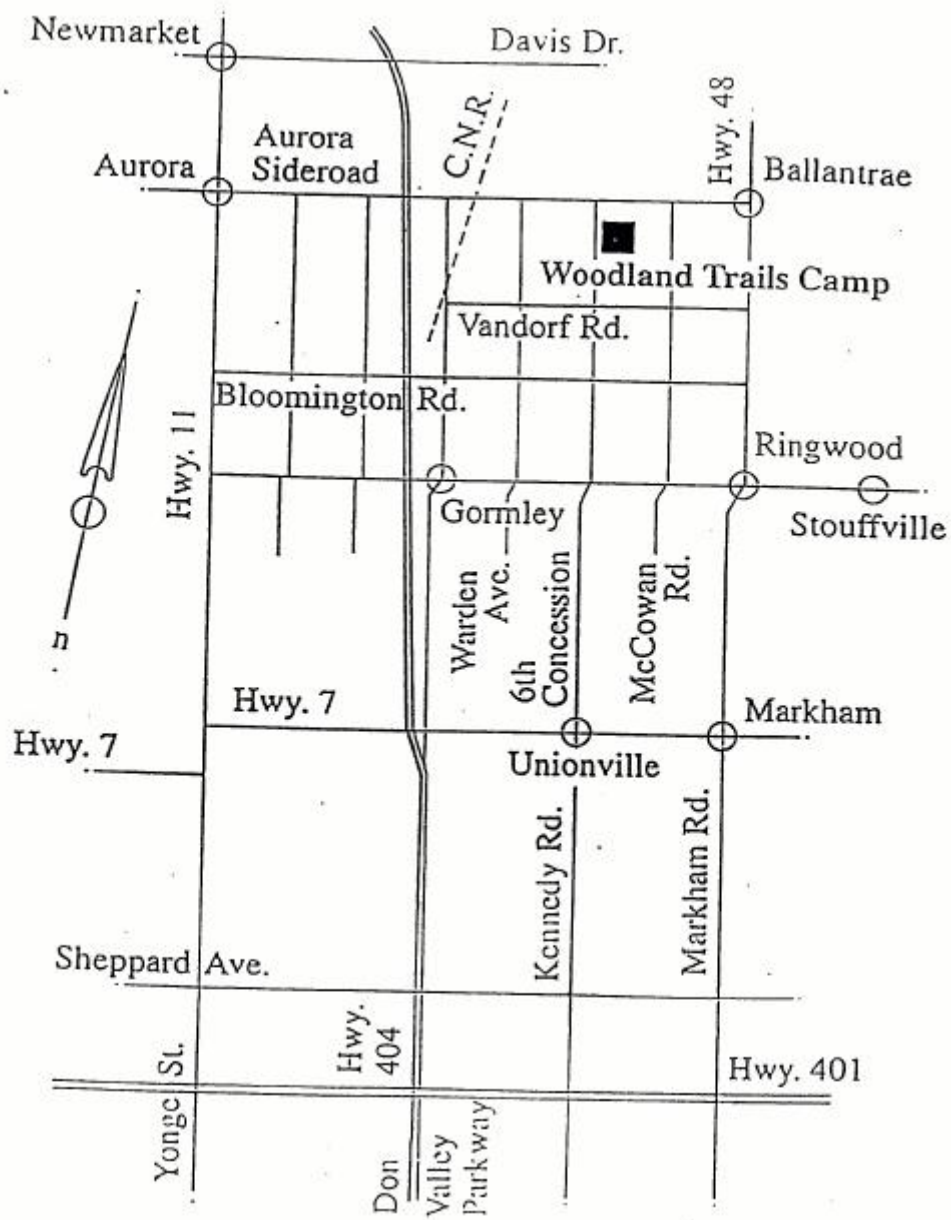
**Związek Harcerstwa Polskiego
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Hufce "Karpaty" i "Pieniny"**

ADRESS

Woodland Trails
14919 Kennedy Rd
Stouffville, Ont L4A 7X5

Elmview Lodge

MAPKA



ZWIAZEK HARCERSTWA POLSKIEGO
Polish Scouting Association in Canada
Permission Form / Pozwolenie
Hufiec "Karpaty" i "Pieniny" – Kurs Zastepowych

Participant's Name: _____ Stopień: _____

Parent(s)/Guardian Names: _____ Szczep: _____

Participant's Home Address: _____

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

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

Emergency Contact Name: _____ Emergency Contact Number: _____

Date of Birth (DD/MM/YY): _____ Health Card Number: _____

Allergies: _____

PERMISSION / POZWOLENIE

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

IN WOODLAND TRAILS SCOUT CAMP from November 7th, 2014 to November 9th, 2014 involving a weekend camp trip to STOUFFVILLE, Ontario.

Description of activities involved:

During the four day camp, the scouts (*harcerze*) will be camping in Elmview Lodge on Woodland Trails Scout Camp. Furthermore, they will be doing scouting activities such as: singing, earning badges (*sprawności*), learning leadership skills, marching (*musztra*), sport, physical activities, campfires, cooking and preparing food. In addition, we will be going on day hikes. They will be using tools and equipment (ex. axes, saws, hammers) necessary to carry out above activities as well as setting up camp, preparing campfires or pioneering (*pionierka*).

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. It is important that during the duration of camp, there is a parent/guardian available to contact in case of emergency or transport home.

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 (camp leaders and instructors).

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

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

POLISH SCOUTING ASSOCIATION IN CANADA (ONTARIO) INCORPORATED

PERSONAL INFORMATION

Participant's Name: _____ Birth Date: _____
Surname Given Name Year Month Day

Participant's Address: _____
No. Street Apt No. City Province Postal Code

Participant's Telephone: _____

Mother's or Guardian's Name: _____
Surname Given Name

Mother's or Guardian's Address: _____
(if different from Above) No. Street Apt No. City Province Postal Code

Father's or Guardian's Name: _____
Surname Given Name

Father's or Guardian's Address: _____
(if different from Above) No. Street Apt No. City Province Postal Code

EMERGENCY TELEPHONE NUMBERS

Parent's or Guardian's Name: _____ Home Telephone: _____
Surname Given Name Business Telephone: _____

Parent's or Guardian's Name: _____ Home Telephone: _____
Surname Given Name Business Telephone: _____

Family Doctor's Name: _____ Telephone: _____

RELATIVE OR PERSON TO BE NOTIFIED IF PARENTS CANNOT BE REACHED

Name: _____ Home Telephone: _____
Surname Given Name Business Telephone: _____

Relation to Participant: _____

HEALTH INSURANCE (must be filled out)

Ontario Health Card Number: _____ Name on Card: _____
OR

Other Hospital Insurance: _____
(name & numbers)

ALLERGIES / ASTHMA

List any allergies such as food, insect stings, drugs, etc. Clearly explain asthma symptoms. If reaction is severe, please make certain that the severity of the reaction is clearly indicated. If more space is required to explain the medical concern, attach the explanation on a separate piece of paper.

Allergy/Asthma	Rate Severity mild severe 1 2 3 4 5	Specific Type of Reaction	Usual Treatment
_____	1 2 3 4 5	_____	_____
_____	1 2 3 4 5	_____	_____

DIETARY RESTRICTIONS

List any foods the participant should not eat for medical reasons. If foods are life threatening, explain the symptoms.

See other side

MEDICAL CONDITIONS

Please check off any life threatening conditions, physical limitations or any other concerns which might affect participation in the program. Please give details of usual treatment.

Epilepsy	yes	no	Fainting Spells	yes	no
Diabetes	yes	no	Digestive Upsets	yes	no
Migraine Headaches	yes	no	Sleepwalking	yes	no
Bleeding Disorder	yes	no	Chronic Ear, Nose, Throat Infections	yes	no
Urinary Infections	yes	no	Nosebleeds	yes	no
Medic Alert Information	yes	no	Bed Wetting	yes	no
Medic Alert For:	_____		Other	_____	

Details for usual treatment: _____

MEDICATION (information for day or overnight trips)

The medication being carried by the participant will be monitored by an Instructor:

Name of Medication	Dosage	Method of Administration	Reason	Self* Medicating?

* Self indicates the participant is in possession of the medication.

If necessary, may Tylenol be administered to relieve minor discomfort ?

_____ yes/no

Has the participant received a Tetanus shot within the last 10 yrs?

_____ yes/no

_____ Date of last Tetanus shot

LIMITATIONS/PARTICIPATION

Please explain any limitations or other concerns which might affect participation in the program

CONSENT/POZWOLENIE

In the event that medical care is required, I understand that every effort will be made to contact me. I acknowledge that in the case of an emergency, medical treatment may be sought by an Instructor and/or provided by health care practitioners without my consent. I hereby authorize the Scouting Instructors to secure such medical advice and services as may be required for the health and safety of myself or my child (or ward). I agree to accept financial responsibility in excess of the benefits allowed by my Provincial Health Plan.

W wypadku potrzeby uzyskania opieki medycznej, rozumiem ze Instruktorzy/Druzynowi prowadzacy zajecia doloza wszelkich mozliwych staran by sie ze mna skontaktowac. Rozumiem ze w sytuacjach naglych interwencja medyczna moze nastapic bez mojego pozwolenia. Upowazniam osoby prowadzace harcerskie zajecia do zasiegniecia potrzebnej opieki medycznej dla zapewnienia zdrowia i bezpieczenstwa mojego lub mojego dziecka (czy mojego podopiecznego). Przyjmuje odpowiedzialnosc finansowa za koszty nie pokryte przez rzadowy plan zdrowia.

Signature of Participant (or parent/guardian if applicant is under 18 years of age)

Date

Note: The signature of a physician is only required for a participant with a life threatening medical condition.

Signature of Physician

Physician's Telephone Number