



**THE GOVERNOR GENERAL'S YOUTH AWARD
 BAHAMAS AWARD SUPER EXPEDITION (B.A.S.E.) 2026
 Friday, June 26th – Monday, July 6th
 Code Name: "Retracing Ponce De Leon's Trail"
 REGISTRATION FORM**

AFFIX
 ONE
 PHOTO
 HERE

Bronze Participant [] Silver Participant [] Gold Participant [] Staff []

Please read carefully then complete as fully as possible. Write in BLOCK LETTERS.

The cost for B.A.S.E.'2 is \$250.00 per person.

*Forms must be returned to the Unit Leader for approval. Please note that all fees are **non-refundable**.*

T-Shirt: Medium..... Large X-Large..... 2x (plus)..... additional \$5.00
(Persons will not be allowed to change shirt sizes once orders are placed)

NAME:

HOME ADDRESS:

TEL# (hm): (Cell):

AWARD UNIT/SCHOOL: Email:.....

DATE OF BIRTH:/...../..... AGE: NATIONALITY:
 MM DD YR

SEX: MALE/FEMALE.....WEIGHT (lbs).....HEIGHT.....(.FT).....(INCH)

EMERGENCY CONTACT:

ADDRESS: RELATIONSHIP:

TEL#: (hm)..... (Cell).....

HAVE YOU ATTENDED ANY PREVIOUS B.A.S.E.? YES..... NO.....

IF YES, LIST ISLAND(S) AND DATES:

LIST ANY FOREIGN LANGUAGES THAT YOU SPEAK / READ / WRITE:

AWARD PROFILE: TICK LEVEL COMPLETED / YEAR: BRONZE SILVER.....
 Date Date

LIST ANY OTHER ADVENTUROUS JOURNEYS YOU MAY HAVE UNDERTAKEN:

1.....

2.....

3.....

IF YOU HAVE ANY UP-TO-DATE CERTIFICATE OR EXPERIENCE IN ANY OF THE FOLLOWING PLEASE LIST OR RATE YOURSELF: **1- GOOD** **2- FAIR** **3- POOR** **4- NO EXPERIENCE**

SMALL BOAT/KAYAK HANDLING/(INFLATABLE RUBBER BOATS):

REPAIR AND MAINTENCE OF OUTBOARD MOTORS: FIRE SAFETY..... WATER SAFETY.....

MARINE RESCUE: LAND RESCUE: SAILING (DINGY): SAILING (YACHT):

FIRST AID: LIFE-SAVING: CARPENTRY: ELECTRICAL: PAINTING:

PLUMBING: SUBA DIVING: COOKING ON WOOD FIRE:

HAVE YOU ANY EXPERIENCE IN SURVIVAL TRAINING: (YES/NO)

CAN YOU SWIM? YES/NO: (IF NO) CAN YOU TREAD WATER?

PARTICIPANTS SHOULD INDICATE **ANY/ALL** SPECIAL MEDICAL CONDITION(s):

PARTICIPANTS MUST BRING ANY SPECIAL FOOD, MEDICINE, OR DEVICES THAT THEY REQUIRE INCLUDING ASTHMA PUMPS IF THEY WERE USED WITHIN THEIR LIFETIME.

THIS SECTION TO BE COMPLETED AND SIGNED BY THE UNIT LEADER(S) AND PARENT/GUARDIAN.



I DECLARE THAT.....HAS MET ALL THE PREREQUISITES FOR B.A.S.E.'25 AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED (Unit Leader): UNIT: DATE:

TO BE SIGNED BY THE PARENT/GUARDIAN: I GIVE PERMISSION FOR MY CHILD TO ATTEND B.A.S.E.'25.

SIGNED: DATE:Mother [] Father [] Legal Guardian []

PRINT NAME.....

PLEASE NOTE THAT ALL FEES ARE NON-REFUNDABLE



BAHAMAS AWARD SUPER EXPEDITION (B.A.S.E.) 2026
Friday, June 26th – Monday, July 6th,
Code Name: "Retracing Ponce De Leon's Trail"
MEDICAL RECORD FORM
Please complete using BLOCK LETTERS

AFFIX
ONE
PHOTO
HERE

PARTICIPANT NAME:.....

MARITAL STATUS: (circle one) MARRIED SINGLE DIVORCED

NATIONALITY:.....

AGE:..... PULSE RATE:..... SEX: (circle one) FEMALE MALE

HEIGHT (ft):..... WEIGHT (lbs):..... BLOOD GROUP:.....

RELIGION (optional)

OCCUPATION.....

ADDRESS.....

TEL (H):..... TEL (W)..... TEL (C).....

EMERGENCY CONTACT

ADDRESS.....

TEL (H)..... TEL (W)..... TEL (C).....

1. Have you been Vaccinated/ Immunised against any of the following? If yes give dates.

Diphtheria..... Rubella..... Cholera..... Tetanus..... Yellow Fever.....

Measles..... Mumps..... Polio..... Hepatitis..... Covid 19.....

2. Do you suffer from any of the following? If yes, please state the date/time of last attack or medical change.

Diabetes..... Hypertension..... Epilepsy

Rheumatic Fever..... Heart Conditions (disclose type)..... Asthma (at any age).....

Any others

Please list current and ongoing medication. Please ensure that you have a ready supply of medicines with you. GGYA representatives will not be allowed to distribute pain medication of ANY kind.

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3. Have you been in contact with anyone who tested positive for, or experiencing Covid-19 symptoms in the last month. If yes please list:

.....

4. Do you have any Allergies to foods, medicines, pollens, mites, dust and/or additives? If yes please explain.

.....

5. Have you been in contact with or suffered from any contagious illness within the last 6 months? If yes please explain.

.....

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6. Have you recently travelled to an area of endemic or epidemic disease? If yes, please state the nature of such disease or travel.

.....

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7. When was your last Dental review?

If more than 6 months or never, please ensure that you have one done before attending BASE 2026.

8. Has your Vision been checked lately and do you have any special visual requirements?

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9. Do you have any special dietary requirements specifically for medical or religious purposes? If yes, please explain?

.....

10. Are you a vegetarian?

.....

11. Have you had surgery or any other medical disability within recent times i.e. fractures, hernias, appendicitis, etc? If yes, please explain.

.....

I hereby acknowledge that the above information is accurate as stated.

.....
Applicant Name (signature if over 18yrs)

.....
Date

.....
Parent/Guardian Signature (if under 18yrs)

.....
Date

.....
Medical Practioner (Sign & Stamp)

.....
Date

MEDICAL RELEASE (IMPORTANT)

IN THE EVENT OF A LIFE-THREATENING EMERGENCY (FOR EXAMPLE – APPENDICITIS/ALLERGIC REACTION) WHERE TIME IS CRITICAL CONSENT IS HEREBY REQUESTED FOR THE ADVENTUROUS JOURNEY LEADER / NATIONAL DIRECTOR, OR THEIR REPRESENTATIVE TO SIGN THE HOSPITAL MEDICAL FORMS FOR ANY APPROPRIATE MEDICAL PROCEDURE THAT MAY BE NECESSARY TO CONTAIN SAME TO YOUR SON/ DAUGHTER/WARD OR SELF.

(STRIKE OUT as appropiate: GIVE CONSENT OR DO NOT GIVE CONSENT)

I..... HERE BY

[GIVE CONSENT]

[DO NOT GIVE CONSENT]

TO THE MEDICAL RELEASE.

.....
Parent Name (Print)

.....
Parent/ Guardian Signature (if under 18yrs)

.....
Date