



**THE GOVERNOR GENERAL'S YOUTH AWARD  
 BAHAMAS AWARD SUPER EXPEDITION (B.A.S.E.) 2022  
 Tuesday, June 28<sup>th</sup> – Friday July 8<sup>th</sup>, 2022  
 Exuma  
 Code Name: "Treasure of the Cays"  
 REGISTRATION FORM**

AFFIX  
 ONE  
 PHOTO  
 HERE

**Bronze Participant [ ] Silver Participant [ ] Gold Participant [ ] Staff [ ] (tick one)**

Please read carefully then complete as fully as possible. Write in BLOCK LETTERS.  
 The cost for B.A.S.E.'22 is \$200.00 per person.  
 All forms must be returned to the unit leader for approval. Please note that all fees are non-refundable.  
 T-Shirt: X-Large..... Large ..... Medium..... (Persons will not be able to change shirt sizes)  
 2x..... (additional \$5.00)

NAME: .....

HOME ADDRESS: .....

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

UNIT: ..... Email:.....

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

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

EMERGENCY CONTACT: .....

ADDRESS: ..... RELATIONSHIP: .....

TEL#: (HOME)..... (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: .....

.....

LIST ANY MUSICAL INSTRUMENT THAT YOU PLAY: .....

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

LIST DETAILS OF ANY OTHER EXPEDITION/EXPLORATION 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: .....

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: .....

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

PARTICIPANTS SHOULD ANY/ALL INDICATE SPECIAL MEDICAL CONDITION: .....

PARTICIPANT MUST BRING ANY SPECIAL FOOD, MEDICINE OR DEVICES THAT THEY REQUIRE.

**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.'22 AND THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: ..... UNIT: ..... DATE: .....

TO BE SIGNED BY THE PARENT/GUARDIAN: I GIVE MY PERMISSION FOR MY CHILD TO ATTEND B.A.S.E.'22.

SIGNED:.....DATE:.....Mother  Father  Legal Guardian

PARENT PRINT NAME.....

**\*PLEASE NOTE THAT ALL FEES ARE NON-REFUNDABLE\***



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**MEDICAL RECORD FORM  
"Please complete using block letters"**

PARTICIPANT NAME:.....

MARITAL STATUS: *(circle one)*                      MARRIED                      SINGLE

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 .....

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

ADDRESS.....

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 of last attack or medical change.

Diabetes..... Hypertension..... Epilepsy **(unable to attend under any circumstance)**

Rheumatic Fever..... Heart Conditions..... Asthma.....

Other.....

Please list current and ongoing medication. Please ensure that you have a ready supply of medicines with you.

.....

3. Have you been in contact with anyone that tested positive or experiencing Covid-19 symptoms. 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.

.....

.....

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

.....

.....

7. When was your last Dental review?.....  
If none or never, please ensure that you do before attending BASE 2022.

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

.....

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

.....

10. 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 Practitioner (Sign & Stamp)

.....  
Date

**MEDICAL RELEASE (IMPORTANT)**

IN THE EVENT OF A LIFE-THREATENING EMERGENCY (FOR EXAMPLE - APPENDICITIS)  
WHERE TIME IS CRITICAL., CONSENT IS HERE BY REQUESTED FOR THE EXPEDITION  
LEADER/ CHAIRMAN NAO, 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 GIVE CONSENT OR DO NOT GIVE CONSENT, AS APPROPRIATE)

I.....HERE BY

[GIVE CONSENT]

[DO NOT GIVE CONSENT]

TO THE MEDICAL RELEASE.

.....  
Parent Name

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

.....  
Date