



CARIBBEAN AWARD SUB-REGIONAL COUNCIL
CASC ADVENTUROUS JOURNEY 2009

JAMAICA
JULY 30 – AUGUST 16, 2009

CODE NAME: "ONE LOVE"

PASSPORT
SIZE
PHOTO HERE.
Do not put a
staple across the
picture

REGISTRATION FORM

Participant Silver Participant Gold Expedition Assessor Trainee Camp Staff

PLEASE READ CAREFULLY AND COMPLETE, USING BLOCK LETTERS. ENCLOSE TWO RECENT PASSPORT SIZE PHOTOGRAPHS. ONE SHOULD BE ATTACHED TO THE TOP OF THIS FORM AND THE OTHER TO THE MEDICAL FORM. THE REGISTRATION FEE FOR THIS CAMP IS TWO HUNDRED DOLLARS (US\$200.00). COMPLETED FORMS AND AT LEAST HALF THE REGISTRATION FEE SHOULD BE RETURNED TO THE NATIONAL AWARD AUTHORITY OF JAMAICA BY FRIDAY, MAY 01, 2009

A Name: Mr. Mrs. Miss _____ / _____
(Surname) (First Name)

Address: _____

Email Address: _____

Tel: _____ Cell: _____ Married Single Gender (M/F)

Date of Birth: _____ (yyyy/mm/dd) Age: _____

Nationality: _____ Height: Feet _____ Inches _____

B Name of Next of Kin: _____ Relation: _____

Next of Kin Address: _____

Next of Kin Tel: (h) _____ (c) _____ (w): _____

C Have you traveled or lived overseas? Yes No

If Yes, list countries and dates: _____

List any languages you speak/write or read: _____

List any musical instrument you play: _____



D

AWARD PROFILE (i.e. activities undertaken at the various levels)

SECTIONS	BRONZE	SILVER	GOLD
SERVICE			
SKILL			
PHYSICAL RECREATION			
RESIDENTIAL PROJECT			
ADVENTUROUS JOURNEY			
YEAR COMPLETED			

E

List details of any Adventurous Journey you have undertaken:

- _____
- _____
- _____

F

It is possible that you might be asked to speak with school groups, service groups and or the media.

Do you have any experience in Public Speaking? Yes No

If Yes, List: _____

G

Have you an up-to-date certificate(s) or experience in any of the following? (If certified, state and give dates. If not rate yourself):

1. GOOD 2. FAIR 3. POOR 4. NO EXPERIENCE

	RATE	DATE
Small boat handling (Inflatable rubber boats):	_____	_____ (yyyy/mm/dd)
Repair and maintenance of outboard motors:	_____	_____ (yyyy/mm/dd)

	Rate	Date (yyyy/mm/dd)		Rate	Date (yyyy/mm/dd)
Marine rescue	_____	_____	Land rescue	_____	_____
Sailing (Dinghy)	_____	_____	Sailing (Yacht)	_____	_____
First Aid	_____	_____	Life-saving	_____	_____
Carpentry	_____	_____	Electrical	_____	_____
Painting	_____	_____	Plumbing	_____	_____
Scuba diving	_____	_____	Cooking on wood fire	_____	_____

Have you any experience in Survival training? Yes No

Can you swim? Yes No

If Yes, can you tread water for five (5) minutes? Yes No

Can you swim Twenty-five (25) yards non-stop? Yes No

H

PHYSICAL PROFILE

How many of the following exercises can you perform within a minute?

Push-ups _____ Full squats _____ Sit-ups _____

What is your pulse rate? _____/80 Time to run a mile _____ (mins)

Do you exercise regularly? Yes No Can you free dive? Yes No



Do you have any training/experience /qualification in the following?

Unarmed combat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boxing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wrestling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Judo	<input type="checkbox"/> Yes <input type="checkbox"/> No	Karate	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I **PASSPORT INFORMATION** (Please note that your passport cannot be used 6 months or less prior to its expiry date)

Country issued: _____ Place of issuance: _____

Date of issuance: _____(yyyy/mm/dd) Passport number: _____

What will it cost you to attend this years CASC (state in your country's currency)?

How will the cost be funded? _____

What size T-Shirt do you wear? Small Medium Large X-Large XX-Large

Additional Shirts required_____ (USD10 each) (Registration fee covers cost of one shirt) _____

J **TO BE SIGNED BY APPLICANT AND, IF A MINOR, BY PARENT /GUARDIAN**

I hereby state that, to the best of knowledge, the information given on this document is correct. I understand that I am responsible for making my own insurance arrangements whilst on the venture.

Signed: _____ Date: _____
Applicant (yyyy/mm/dd)

Signed: _____ Date: _____
Parent/Guardian (yyyy/mm/dd)

K **National Award Authority / Independent Operator purpose only**

The above information regarding _____ is to the best of my knowledge true and correct.

Award Authority: _____

Officer's name: _____ (signature): _____

Officer's position: _____ Date: _____(yyyy/mm/dd)

Completed forms are to submitted to the National Award Authority of Jamaica

The Duke of Edinburgh's Award Jamaica
2 Waterloo Road,
Kingston 10,
Jamaica, West Indies.
Tel: 1 (876) 929-9546; Cell: 1 (876) 578-4031; Fax: 1 (876) 968-6218
Email: casejm@jmaward.org / Website: <http://jmaward.org>

