1. **QUALIFICATION CARD**
2. **PARTICIPANT**
3. **AS Sports Club**
4. **Kossaka 6 , 43-300 Bielsko-Biała**
5. **NIP 937-19-57-547**

TYPE OF RELAXATION: SPORTS CAMP

FACILITY ADDRESS (place): …………………………………………………………

DURATION: ………………………………………….

1. CHILD'S NAME ...........................................................................................................
2. DATE AND PLACE OF BIRTH.............................................................................................
3. PESEL number and name of the Sickness Fund ..................................... ..................................................... ... ..................................................................................................................................................
4. NO. PASSPORT (going abroad) ...................................................................................
5. ADDRESS: ...................................................................................... .................................................................................................................................................

home phone: ............................................................ mobile.......................................................

1. INFORMATION FILLED OUT BY PARENTS (GUARDIANS) ABOUT THE CHILD'S HEALTH CONDITION:**Very important ! Please fill !** what the child is allergic to (foods, medications), how he tolerates driving, whether he takes medications and in what doses, whether he wears glasses, orthopedic appliances, ailments: fainting, abdominal pain, shortness of breath, nosebleeds and any other information important for the child's health

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I confirm that I have provided all the information about the child known to me that may help in ensuring proper care during the child's stay in the recreation facility, and in the event of a threat to the child's health or life, I agree to hospital treatment, diagnostic procedures, operations and administration of medications

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date signature of parent or guardian

2. INFORMATION ON VACCINATIONS AND PAST DISEASES

Based on a health book with a current entry.

Protective vaccinations:

Tetanus......................diphtheria ......................... dur ........................ other .........................

History of infectious diseases (specify the year)

stage ...................... fame ......................... rubella ..................... piggy .............................

asthma .................... epilepsy ..... Other ......... ..................................................... ..........

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date signature of the nurse, parent or guardian

3. COMMITMENT OF PARENTS (LEGAL GUARDIANS)

I consent to my son / daughter's participation in the above-mentioned event, I accept the program of the event and the rules of the camp.

I consent to the storage of my (child) personal data for the needs of the Club

in accordance with the Act of August 29, 1997 (Journal of Laws No. 133, item 883).

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place, date signature of a parent or guardian