The Duke of Edinburgh's
International Award Barbados
Sheraton Mall
Sargeant's Village
Christ Church

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www.theawardbarbados.com

REGISTRATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Affix one (1) passport size photos with full name written on the back.
Registration fees for direct entrants are: Bronze - $30.00, Silver - $35.00, Gold - $40.00
(To continue on to silver or gold from the previous level the fee is $25.00)

DATE: ___/___/____ REG NO.: _____ FEE ____ ENTRY LEVEL: _____

GROUP_____ LEADER_____

The section above to be completed by Award office

PART A - Personal Information

PASSPORT SIZE PHOTO

FULL NAME _____

D.O.B ____/____/_____ (DD/MM/YYYY) GENDER ☐M ☐F ☐Other_____

PRIMARY PHONE: _____

EMAIL: _____

PART B - Medical, Emergency & Safety

Do you have any medical, health, allergy, medication, disability or accessibility needs that Award Barbados or your Award Unit should be aware of to support your safe participation?

☐ Y ☐ N

If YES please provide only the necessary details below

_____

_____

In case of emergency contact the following:

NAME: _____RELATION TO PARTICIPANT_____

PRIMARY PHONE _____ ALTERNATIVE PHONE_____ (optional)

PART C - Parent/Guardian consent (only where applicable)

NAME: _____RELATION TO PARTICIPANT_____

PRIMARY PHONE _____ ALTERNATIVE PHONE_____ (optional)

EMAIL_____

☐I agree that my child/ward……..should take part in the activities of The Duke of Edinburgh's International Award in Barbados

☐ I have read, understood and agree to comply with the requirements and conditions of the participant's registration in the Award, as described in the attached **Requirements & Conditions**.

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

Part D - Award Agreement

☐ I have read/or had explained to me and agree to comply with the **Requirements and Conditions** of my participation in The Duke of Edinburgh's International Award in Barbados as attached.

Participant's Signature: _____ Date: _____

Part E - Optional Permissions
N.B. Providing or declining these permissions will not affect your participation in the Award.

Photography & Video
Kindly sign below to indicate your willingness to allow your image (pictures & video) to be used for the promotion of The Duke of Edinburgh's International Award Barbados and for media purposes.

Name of Participant (all caps) _____

Participant's Signature _____

Parent's Signature (where needed) _____ Date _____

Award Impact Research
The Duke of Edinburgh's International Award Barbados and its parent The Duke of Edinburgh's International Award Foundation conduct research on the Award and periodically sends surveys to participants. These are to understand participants' experience, to measure the outcomes and impact of the Award and relate to any other research activity in line with the Award's strategy and aims.

☐ I agree to participate in the research surveys of The Duke of Edinburgh's International Award and its parent organisation.

Participant's Signature _____

Parental Consent
☐ I consent for my child/ward to participate in the research surveys of The Duke of Edinburgh's International Award and its parent organisation.

Parent's Signature (where needed) _____ Date _____