

2026 PFA Youth Poland Tour

Forms Checklist

All forms must be returned to *Polish Falcons of America, Attn. Beth Schaefer, 1016 Greentree Rd., Suite 201, Pittsburgh, PA 15220* by **April 15, 2026**.

Please note: If still waiting on a passport, please complete the forms and send passport information once available.

For questions: Please contact Beth Schaefer at 800-535-2071 or eschaefer@polishfalcons.org.

Complete the following:

- Parental Consent Form
- Consent Form (for travel with one parent)
- Code of Conduct
- Consent for Medical Care
- Health History Form
- Waiver Form for Minors
- Waiver Form for Adults

Submit copies of the following:

- Passport information page
- Second form of ID
- Insurance card
- Parents' ID



THE STRONG, FRIENDLY, FAMILY FRATERNAL

PARENT OR LEGAL GUARDIAN CONSENT FOR MINOR INTERNATIONAL TRAVEL WITH ORGANIZED GROUP

Date: _____

To whom it may concern,

We, the undersigned, are the parents or legal guardians with legal custody or parental rights for the minor identified below. I give my full permission for this minor to travel internationally to Poland as part of the Polish Falcons of America Youth Trip, under the supervision of the Tour Directors named in this letter.

1) Minor information

Full legal name: _____

Date of birth: _____ Place of birth: _____

US passport number: _____ Expiration date: _____

Home address: _____

2) Trip details

Destination: **Poland**

Purpose: **Polish Falcons of America Youth Trip**

Trip dates: **June 20, 2026 to July 2, 2026**

Airline: **LOT Polish Airlines**

Primary cities: **Warsaw, Krakow, Rzeszow, Czestochowa, Zakopane**

3) Responsible adults

Organization: **Polish Falcons of America**

Tour Director #1 (responsible adult): **Timothy L. Kuzma, PFA National President**

Tour Director #2 (responsible adult): **Elizabeth Schaefer, PFA National Physical Education Director**

The minor may also be supervised by designated PFA chaperones acting under the direction of the Tour Directors.

4) Authorization and consent

We authorize the Tour Directors named above, and designated chaperones under their supervision, to accompany and supervise our child during air travel, border formalities, ground transportation, lodging, and scheduled activities for the full duration of the trip.

We confirm that my child has our permission to depart the United States and enter Poland for the dates listed above.

5) Parent or guardian contact information

Parent or guardian full legal name: _____

Relationship to minor: _____

Address: _____

Mobile phone: _____ Email: _____

Second parent or guardian full legal name (if applicable): _____

Relationship to minor: _____

Address: _____

Mobile phone: _____ Email: _____

6) Signatures

Parent or guardian signature: _____

Date: _____

Second parent or guardian signature: _____

Date: _____

If only one parent or guardian signs, attach documentation showing sole legal custody or authority to authorize international travel.

Notary acknowledgment

State of _____ County of _____

Subscribed and sworn before me on _____ (date)

Notary Public signature: _____

My commission expires: _____



THE STRONG, FRIENDLY, FAMILY FRATERNAL

CONSENT FOR MINOR TO TRAVEL INTERNATIONALLY WITH ONE PARENT

Date: _____

To whom it may concern,

We, the undersigned, are the parents or legal guardians of the minor identified below. We acknowledge that the minor will travel internationally to Poland with only one parent for the dates listed.

1) Minor information

Full legal name: _____

Date of birth: _____ Place of birth: _____

US passport number: _____ Expiration date: _____

Home address: _____

Cell Phone: _____

2) Traveling parent

Full legal name: _____

Relationship to minor: Parent

US passport number: _____ Expiration date: _____

Home address: _____

Mobile phone: _____ Email: _____

5) Non-traveling Parent

Non traveling parent or guardian full legal name: _____

Relationship to minor: Parent

Mobile phone: _____ Email: _____

Address: _____

3) Trip details

Destination: Poland

Purpose: Polish Falcons of America Youth Trip

Trip dates: From June 20, 2026 to July 2, 2026

International Airline: LOT Polish Airlines

Primary cities: Warsaw, Krakow, Rzeszow, Czestochowa, Zakopane

4) Consent

I, the non-traveling parent or legal guardian, give my full permission for my child to travel outside the United States and to enter Poland with the traveling parent named above for the dates listed.

I understand border or airline authorities may request evidence of this consent.

6) Signatures

Non traveling parent or guardian signature: _____ Date: _____

Printed name: _____

Traveling parent signature (acknowledgment): _____ Date: _____

Printed name: _____

If only the traveling parent can sign, attach documentation showing sole legal custody or authority to authorize international travel.

Notary acknowledgment

State of _____ County of _____

Subscribed and sworn before me on _____ (date)

Notary Public signature: _____

My commission expires: _____

PFA Youth Trip to Poland

Participant Code of Conduct, Rules and Guidelines

1. Purpose and scope

These rules protect the safety and well-being of every participant and ensure the tour runs as a unified group. They apply at all times during the trip, including flights, ground transportation, hotels, meals, tours, events, and free time.

2. Supervision and authority

- **Chaperone ratio:** PFA will maintain **one chaperone for every five youth participants**.
- **Chaperone authority:** Participants must follow the instructions of chaperones, the Tour Directors, and designated tour staff at all times.
- **Assigned group:** Each participant will be assigned to a chaperone group and is required to remain with that group unless specifically reassigned by the Tour Director.

3. Stay with the tour

- **No leaving the tour:** Participants may not leave scheduled activities, the hotel, or any tour venue on their own.
- **No separation, even with a parent:** Participants may not separate from the tour, even if accompanied by a parent or family member, unless explicitly authorized by the Tour Directors in advance and in writing for a defined time and purpose.
- **Buddy system:** No participant may go anywhere alone, including within hotels, museums, restaurants, or public areas. Always use the buddy system.

4. Curfew and lights out

- **Lights out: 10:00 p.m.** nightly at all overnight locations.
- **In-room requirement:** Participants must be in their assigned room by 10:00 p.m. unless they are participating in an approved activity with a chaperone present.
- **Room checks:** Chaperones may conduct room checks at any time, including at lights out.
- **Quiet conduct:** Participants must respect quiet hours and hotel policies.

5. Structured free time

PFA may schedule limited free time. Free time is a privilege, not a right.

- **Approval required:** Structured free time must be **approved by the Tour Directors**.
- **Chaperone present:** A **chaperone must be physically present** in the defined free time area for the duration of the free time period.
- **Defined boundaries:** The Tour Director will set:

- the permitted geographic boundary (specific streets, square, mall, venue)
- the start and end time
- the required check in intervals (example: every 15 to 30 minutes)
- **Buddy requirement:** Buddy system remains mandatory during free time.
- **Prohibited during free time:** No taxis, rideshares, public transit, hotel returns, or location changes unless directed by the chaperone.
- **Loss of privilege:** Free time may be reduced or eliminated for the group or individuals if safety, compliance, or timing becomes an issue.

6. Zero tolerance substances policy

- **Alcohol: Zero tolerance.** No possession, purchase, consumption, or being in a bar or club setting for alcohol related purposes. This applies to everyone, including participants age 18 to 20, chaperones or parents accompanying the trip.
 - **Consequence:** Any alcohol violation results in immediate removal from the trip, parent or guardian notification, and return travel at the family's expense as directed by PFA.
- **Smoking, vaping, and tobacco:** Prohibited at all times, including e-cigarettes and nicotine pouches.
- **Illegal drugs and misuse of medication:** Prohibited. This includes sharing medication or taking medication not prescribed to you.

7. Safety, behavior, and respect

- **Respectful conduct:** No bullying, harassment, intimidation, discrimination, fighting, theft, vandalism, or disruptive conduct.
- **Follow laws and rules:** Participants must comply with Polish law, airline and transportation rules, hotel policies, and site-specific rules.
- **No risky behavior:** No climbing barriers, entering restricted areas, or actions that place anyone at risk.
- **Transportation rules:** Remain seated while vehicles are moving and wear seat belts when available.

8. Attendance and punctuality

- **Required participation:** All scheduled activities are mandatory unless excused by the Tour Directors for medical or safety reasons.
- **On-time standard:** Participants must be on time to all meeting points. Repeated lateness will result in loss of free time privileges and increased supervision.

9. Cell phone requirement and communications

- **Cell phone required:** Every participant must bring a working cell phone for the trip.
- **Always reachable:** Phones must be on, charged, and able to receive calls or messages from chaperones and the Tour Directors.
- **Group messaging:** Participants must participate in the designated group messaging method and respond promptly to chaperone instructions.

- **Location sharing:** Participants must share their live location with the chaperone group when requested.
- **Appropriate use:** No harassment, threats, or inappropriate content. Do not take or post photos or videos of others without permission.

10. Health, medical, and wellness

- **Medical disclosure:** Parents or guardians must provide required health information prior to departure, including allergies and medical conditions.
- **Medication plan:** All prescription medications must be declared in advance. For minors, PFA may require a medication supervision plan aligned with parent or guardian instructions.
- **Report immediately:** Illness, injury, safety concerns, or mental health concerns must be reported to a chaperone immediately.

11. Money, property, and documents

- **Passport and valuables:** Follow Tour Directors instructions for passport handling and document security. Participants are responsible for personal items unless PFA implements a group safekeeping procedure.
- **Spending guidance:** Participants should carry only reasonable spending money day to day and keep valuables secured.

12. Discipline and consequences

PFA will respond based on severity, risk, and pattern of behavior. Actions may include:

- verbal warning and coaching
- restricted free time or increased supervision
- parent or guardian notification
- written behavior contract
- removal from an activity at the participant's expense if necessary
- dismissal from the trip and return travel at the family's expense

Automatic dismissal: Any alcohol violation triggers immediate removal, as stated in Section 6.

13. Acknowledgment and agreement

Participation is conditioned on signing the PFA Code of Conduct acknowledgment.

- Participants agree to comply with these rules and instructions from chaperones and the Tour Director.
- Parents or guardians of minors acknowledge that violations may result in removal from the trip at the family’s expense.

Signatures (Both parents/guardians must sign for children under age 18)

Parent/Guardian: _____

Signature: _____

Date: _____

Parent/Guardian: _____

Signature: _____

Date: _____

Participant: _____

Signature: _____

Date: _____



THE STRONG, FRIENDLY, FAMILY FRATERNAL

Parental Consent for Medical/Surgical Care/Emergency Treatment and Child's Medical Information

In presenting my son/daughter for diagnosis and treatment

Parent's or Legal Guardian's Names: _____

For Minor Child's Name: _____ Date of Birth: _____

hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition.

I have read this form and certify that I understand its contents.

We/I hereby give our (my) consent to: **Timothy L. Kuzma (National President) or Elizabeth Schaefer (National Physical Education Director), both Tour Directors**

Who will be caring for our (my) child (Name of Child): _____

For the period June 20, 2026 to July 2, 2026 to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of our (my) child.

We/I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Parent's or Legal Guardian's Names: _____

Address: _____

Telephone no.: _____

In case of emergency, I can be reached at: _____

HIPAA Authorization and Release of Medical Information

I authorize any physician, hospital, clinic, dentist, pharmacy, insurer, and other health care provider to disclose to Timothy L. Kuzma and Elizabeth Schaefer (Tour Directors), or their designees, any and all protected health information about my child, including information regarding diagnosis, treatment, medications, immunizations, allergies, test results, and insurance coverage, as necessary to arrange for and coordinate routine or emergency medical or dental care during the period of June 20, 2026 to July 2, 2026. I understand that this authorization is voluntary and may be revoked by me in writing at any time, except to the extent action has already been taken in reliance on it. I understand that information disclosed pursuant to this authorization may be subject to re disclosure by the recipient and may no longer be protected under HIPAA. A photocopy or electronic copy of this authorization shall be as valid as the original.

Parent or guardian signature: _____

Date: _____

Parent or guardian signature: _____

Date: _____

Both parents or guardians must sign form. If only one parent or guardian signs, attach documentation showing sole legal custody or authority to authorize international travel.

Notary acknowledgment

State of _____ County of _____

Subscribed and sworn before me on _____ (date)

Notary Public signature: _____

My commission expires: _____



THE STRONG, FRIENDLY, FAMILY FRATERNAL

Youth Tour Participant Health History Form

Name of Participant _____

Address _____

Gender M _____ F _____ Date of Birth _____ Age _____

Custodial Parents/ Guardians _____

Cell Phone Numbers for each _____

In case of emergency when parent/guardian is not available, please notify

Name _____ Relationship _____

Cell Phone _____ Email address _____

Insurance Information

Is participant covered by family medical/hospital insurance? Y _____ N _____

If so, indicate the carrier plan name: _____

Carrier Address _____

Name of Insured _____ Relationship _____

Please include a copy of both sides of the insurance card

Health History

The following must be filled out by the parent/guardian. The intent of this information is to provide health care personnel the background to provide appropriate care. Keep a copy of the completed form for our records. Any changes to this form should be provided to the trip director.

ALLERGIES: List all known _____ Describe reaction and management to reaction

Medication Allergies:

Food Allergies:

Environmental Allergies:

Medications being taken

Please list all medications (including over-the-counter or non-prescription drugs) taken currently. Bring enough medication to last the entire time in Poland. Keep in the original packaging/bottle that identifies the prescribing physician (if prescription medication), the name of the medication, the dosage, and the frequency of administration. Use additional sheet of paper if needed.

_____ This person takes NO medications on a routine basis

_____ This person takes medications as follows:

| |
|---|
| Medication _____ Dosage _____ Specific times taken _____ Reason for medication _____ |
| Medication _____ Dosage _____ Specific times taken _____ Reason for medication _____ |
| Medication _____ Dosage _____ Specific times taken _____ Reason for medication _____ |

Restrictions—The following restrictions apply to this individual

Dietary

_____ Does not eat red meat _____ Does not eat pork _____ Does not eat eggs

_____ Does not eat seafood _____ Does not eat poultry

_____ Does not eat dairy products Other: _____

Illnesses/Diseases/Health Conditions (Check all that apply)

| | |
|-------------------|--|
| Asthma | |
| Colds-Frequent | |
| Measles | |
| Hepatitis | |
| Nosebleeds | |
| Bed Wetting | |
| Diabetes | |
| Heart Disease | |
| HIV/AIDS | |
| Stomach upset | |
| Bleeding disorder | |
| Tuberculosis | |
| German Measles | |
| Hypertension | |
| Rheumatic Fever | |

| | |
|----------------------|--|
| Braces/Retainer | |
| Ear infections-often | |
| Contacts/Glasses | |
| Hearing Impairment | |
| Epilepsy/Seizures | |
| Sleep disorder | |
| Eating disorder | |
| Menstrual cramps | |
| Headaches-often | |
| Sore throats-often | |
| Chicken pox | |
| Fainting | |
| Measles or Mumps | |
| Mononucleosis | |
| Migraines | |

Please explain any check(s):

Restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

Any operations or serious health problems or hospitalizations:

Name of Family Physician _____ Phone _____

Address _____

Name of family dentist _____ Phone _____

Address _____

Immunization Record:

Date of Last Tetanus: _____ Date of last Physical _____

| Vaccine | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr |
|--------------------------|-------|-------|-------|-------|-------|-------|
| DTP | | | | | | |
| TD Tetanus/Diphtheria | | | | | | |
| Polio | | | | | | |
| MMR | | | | | | |
| Or Measles | | | | | | |
| Or Mumps | | | | | | |
| Or Rubella | | | | | | |
| HIB | | | | | | |
| Varicella | | | | | | |
| BCG | | | | | | |
| Hepatitis B | | | | | | |

PERMISSION TO DISPENSE MEDICATIONS Parents/ Guardians: Please read this list of medications and symptoms carefully. These medications and the symptoms for which they are administered are approved by a licensed physician and may be administered by the Tour Director. Use this information to determine which medications you give permission to be dispensed to your child. All of these medications are stocked by the Tour Director.

| Initials | Medication | Symptoms |
|----------|--------------------|---|
| | Motrin | Menstrual pain, sprain, strain, fever, aches |
| | Aloe Vera Gel | Sunburn |
| | Benadryl tabs | Severe itching, swelling from insect bites, hives, rashes, poison ivy, etc. |
| | Benadryl cream | Bug bites |
| | Tums/Maalox | Indigestion, stomach ache |
| | Tylenol | Pain, fever |
| | Artificial tears | Eye irritation |
| | Ben Gay | Muscle aches/Strains |
| | Orajel | Toothache |
| | Cough drops | Cough/sore throat |
| | Imodium | diarrhea |
| | Laxative | Constipation |
| | Chloraseptic spray | Sore throat |
| | Robitussin | Cough |

Any other information you deem necessary for us to know to protect the health and welfare of your child while in Poland.

Medicine Turn-in

Bring to JFK airport check in with group

Participant Name: _____

Please mark with amount of liquid or # of pills to be given

| Medication | Purpose | As Needed | Breakfast | Lunch | Dinner | Before bed | Other |
|------------|---------|-----------|-----------|-------|--------|------------|-------|
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Any changes in participant’s health since the medical form was filled out:

Any information we should know about your child to help their stay in Poland be safe and more enjoyable?

Parent or guardian signature: _____

Date: _____

Parent or guardian signature: _____

Date: _____

Both parents or guardians must sign form.



THE STRONG, FRIENDLY, FAMILY FRATERNAL

Permission, Waiver, Release and Indemnity Agreement

In consideration of _____ (“Minor” name) being permitted to participate in the Polish Falcons of America’s trip to Poland (the “Trip”), the parent(s) and/or legal guardian(s) of Minor hereby agree(s) to the following terms and conditions set forth below:

Risks of International Travel: I/we understand that Minor’s participation in international travel involves risks. These include without limitation, risks involved in traveling to, from, and within international locations; local political, legal, medical, public health, social, economic, and weather/climate conditions; disease outbreaks, including without limitation pandemic or endemic diseases; different capabilities of emergency response; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and different standards of data privacy and information security. I/we recognize that Minor may be subjected to potential risks, illnesses, injuries, and even death. I/we understand these risks, and assume them knowingly and willingly. I/we acknowledge that in traveling, Minor may experience challenges such as delayed access to emergency services, insufficient communication networks, increased crime, pollution, high population density, or standards of living and health standards that differ from those in the United States. I/we acknowledge that it is Minor’s responsibility to take every precaution to safeguard his or her security and health and to protect his or her personal belongings. I understand that, although Polish Falcons of America has organized the trip, it cannot eliminate all risks or guarantee Minor’s safety while he or she is abroad. I/we have read and understood all information on the U.S. State Department website (<https://travel.state.gov>) about the country or countries to which Minor is traveling.

Health Insurance and Medical Care. I/we understand that Minor is responsible for obtaining any recommended immunizations before traveling to his or her destination. I/we understand that Minor agrees to carry valid and current medical insurance and have a valid insurance identity card to bring. I/we have reviewed Minor’s coverage and have determined that this insurance is adequate to cover injuries or illnesses that Minor may sustain while participating in the Trip. I/we will be solely responsible for payment in full of all costs of medical care that Minor may receive overseas. I/we further agree to hold harmless and indemnify the Polish Falcons of America for any and all actions taken by it to provide or obtain emergency medical care for Minor during the Trip. I/we also understand and agree that if Minor experiences serious health problems, suffers an injury, or is otherwise in a situation that raises significant health and safety concerns, then the Polish Falcons of America may contact us or any other person whose name is listed below.

Emergency Contact Information:

Name: _____

Phone Number: _____

Mailing Address: _____

Standards of Conduct. I/we promise Minor will act responsibly and become informed of and comply with all such laws, regulations, policies, guidance, instructions, and standards. I/we agree that Minor will cooperate with the directions and instructions of the chaperones of the Trip.

Arrangements. I/we understand that the Polish Falcons of America does not represent or act as an agent for, and cannot control the acts or omissions of, any employer, transportation carrier, hotel, tour organizer, travel document services vendor, or other provider of food, goods, or services involved in the Trip. I/we understand that it is my/our responsibility to obtain the correct travel documentation, including, without limitation, passport as applicable, and adhere to the entry and exit requirements of countries to which Minor is traveling to and through. I/we also understand that the Polish Falcons of America is not responsible for matters that are beyond its control.

Indemnity and Hold Harmless Release. I/we, as a condition of the participation in this Trip, agree to hold harmless and waive any and all claims that I/we and Minor may have against the Polish Falcons of America, its officers, employees, agents, chaperones, and volunteers, including, but not limited to, claims arising out of any ordinary negligence of any officer, employee, agent, chaperones or volunteers, or any loss or damage occurring during or by reason of participation in this Trip.

Voluntary Agreement: I/we acknowledge that I/we have read the “Permission, Waiver, Release and Indemnity Agreement” and are aware of the legal consequences to myself/ourselves and Minor of signing this binding document. (Both parents or legal guardians must sign the form.)

Parent/Guardian: _____

Signature: _____

Date: _____

Parent/Guardian: _____

Signature: _____

Date: _____



THE STRONG, FRIENDLY, FAMILY FRATERNAL

Permission, Waiver, Release and Indemnity Agreement

In consideration of being permitted to participate in the Polish Falcons of America's trip to Poland (the "Trip"), the undersigned hereby agrees to the following terms and conditions set forth below:

Risks of International Travel: I understand that participation in international travel involves risks. These include without limitation, risks involved in traveling to, from, and within international locations; local political, legal, medical, public health, social, economic, and weather/climate conditions; disease outbreaks, including without limitation pandemic or endemic diseases; different capabilities of emergency response; different standards of design, safety, and maintenance of buildings, public places, and conveyances; and different standards of data privacy and information security. I recognize that I may be subjected to potential risks, illnesses, injuries, and even death. I understand these risks, and assume them knowingly and willingly. I also acknowledge that in traveling, I may experience challenges such as delayed access to emergency services, insufficient communication networks, increased crime, pollution, high population density, or standards of living and health standards that differ from those in the United States. I acknowledge that it is my responsibility to take every precaution to safeguard my security and health and to protect my personal belongings. I understand that, although Polish Falcons of America has organized the trip, it cannot eliminate all risks or guarantee my safety while I am abroad. I have read and understood all information on the U.S. State Department website (<https://travel.state.gov>) about the country or countries to which I am traveling.

Health Insurance and Medical Care. I understand that I am responsible for obtaining any recommended immunizations before traveling to my destination. I carry valid and current medical insurance and have a valid insurance identity card to bring. I have reviewed my coverage and have determined that this insurance is adequate to cover injuries or illnesses that I may sustain while participating in the Trip. I will be solely responsible for payment in full of all costs of medical care I may receive overseas. I further agree to hold harmless and indemnify the Polish Falcons of America for any and all actions taken by it to provide or obtain emergency medical care for me during the Trip. I also understand and agree that if I experience serious health problems, suffer an injury, or am otherwise in a situation that raises significant health and safety concerns, then the Polish Falcons of America may contact my parent(s)/legal guardian(s) or any other person whose name I have listed below.

Emergency Contact Information:

Name: _____

Phone Number: _____

Mailing Address: _____

Standards of Conduct. I promise to act responsibly and will become informed of and comply with all such laws, regulations, policies, guidance, instructions, and standards. I agree to cooperate with the directions and instructions of the chaperones of the Trip.

Arrangements. I understand that the Polish Falcons of America does not represent or act as an agent for, and cannot control the acts or omissions of, any employer, transportation carrier, hotel, tour organizer, travel document services vendor, or other provider of food, goods, or services involved in the Trip. I understand that it is my responsibility to obtain the correct travel documentation, including, without limitation, passport as applicable, and adhere to the entry and exit requirements of countries to which I am traveling to and through. I also understand that the Polish Falcons of America is not responsible for matters that are beyond its control.

Indemnity and Hold Harmless Release. I, as a condition of the participation in this Trip, agree to hold harmless and waive any and all claims that I have against the Polish Falcons of America, its officers, employees, agents, chaperones, and volunteers, including, but not limited to, claims arising out of any ordinary negligence of any officer, employee, agent, chaperones or volunteers, or any loss or damage occurring during or by reason of participation in this Trip.

Voluntary Agreement: I acknowledge that I have read the “Permission, Waiver, Release and Indemnity Agreement” and am aware of the legal consequences of signing this binding document. I further certify that I am legally competent to sign this agreement.

Name of Individual: _____

Signature: _____

Date: _____