

CAMPER'S APPLICATION FORM

Both sides of this form must be completed fully, otherwise the form cannot be accepted PLEASE USE BLOCK CAPITALS

Child's Name: _____ Boy Girl

Address: _____

Postcode: _____

Tel: _____

Child's Email: _____

Date of Birth: _____

Church: _____

Name and telephone number of a contact person (Parent/Guardian) available in an emergency during the camp period.

Parent/Guardian Name: _____

Email: _____

Tel: _____

Mobile: _____

Did you attend a Baptist Youth Camp in 2011? Yes No

I wish to make an application for the following camp:

1st Choice

Camp Venue _____ Date _____

2nd Choice

Camp Venue _____ Date _____

If your first choice is fully booked we will endeavour to facilitate your second choice. Either the full fee or the £30/€35 deposit MUST be sent with the form. In case of cancellation after 31 May 2012 the deposit is not returnable.

Please tick: I enclose full fee I enclose £30/€35 deposit only

I give consent for the above named child to take part in all the activities of the camp under proper supervision and for the camp leader to act 'in loco parentis' in case of emergency.

Signed: _____ Date: _____

Parent/Guardian

CAMPER'S MEDICAL FORM

PLEASE COMPLETE THE FOLLOWING CAREFULLY.
(All details will be treated in confidence).



Doctor's Name: _____

Address: _____

Tel: _____

Please give us any information about the applicant's health that would be helpful for us to know: (eg asthma, history of epilepsy, allergies, diabetes, heart defect, hayfever, home sickness, bed wetter etc) None of these complaints should prohibit sufferers from applying.

If the applicant is receiving medical attention, takes tablets or requires injections, give details below, if necessary obtaining relevant information from your doctor.

Please give his/her National Health Number (ESSENTIAL):

If he/she is on a special diet, please provide details below for the camp cook:

Please give details of any camp activity in which the applicant would be unable to participate:

WARNING: Failure to disclose important medical information before camp could endanger others and may lead to the child being sent home.

I certify that the above information is correct and complete.

Signed: _____

Date: _____

Parent/Guardian

Return to: Baptist Youth Camps, Baptist Youth, 19 Hillsborough Rd, Moira, BT67 0HG