

Worldwide Church of God

ADVENTURE CAMP

Well End Activity Centre, Borehamwood, Herts, WD6 5PR

Saturday 28th August to Monday 30th August 2010

CAMPER APPLICATION

Please complete one application form per person.

This form should jointly be filled out by the camper and his or her parent/guardian. Campers should be 7-13 years of age. (The Adventure Camp team will accept younger children if accompanied by a parent.) Please use BLOCK CAPITALS.

Child's First Name: Surname:

Date of Birth: Age on Arrival: Gender:

Full Mailing Address:

..... Postcode:

Parent's/Guardian's Name:

Email Address:

Tel. Number: Mobile Number:

Will this be the child's first time at Adventure Camp? Yes/No

Does the child wish to be considered to be placed in a tent/dorm with a particular friend or relative? Yes/No

If yes, please give the name of the friend or relative:

.....

HEALTH

Please also complete the Health Form attached, one per person.

CODE OF CONDUCT

I understand I should be well behaved at all times during Adventure Camp and that I must follow instructions from staff members and cooperate with my team leader and team.

If my behaviour is unacceptable, I will be told clearly by a member of staff and, if I do not improve, my parent(s)/guardian(s) will be asked to collect me and take me home.

Signed by Child: Date:

Print name of Child:

Signed by Parent/Guardian: Date:

Print name of Parent/Guardian:

EMERGENCY CONTACT DETAILS

Name: Daytime Tel. Number:

Name: Evening/Night-time Tel. Number:

FORM RETURN AND PAYMENT

To ensure a well organised camp the Adventure Camp team need to know how many children to plan for. Please return completed form as soon as possible to:

Adventure Camp, Worldwide Church of God, 9 The Point, Rockingham Road, Market Harborough, Leicestershire, LE16 7QU.

The cost is £30 per child. The cost for a family of two adults and two (or more) children is £60. A deposit of £5 per person is required. Please pay the remainder on arrival at Adventure Camp. Cheques should be made payable to: Worldwide Church of God. Sponsorship is available if needed, please contact us for more information.

FURTHER INFORMATION

Contact Sinead Henderson: email: adventurecamp.wellend@googlemail.com
or telephone: 07505 506211

ADVENTURE CAMP HEALTH FORM 2010

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

Surname:

Forename:

Date of Birth:

Home Phone No:

Mobile No:

In an emergency you should contact:

Name:

Relationship:

Home Phone No:

Work Phone No:

Mobile No:

Please Circle

Do you have any allergies? **YES/NO**

If yes, please state to what and the type of reaction

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Do you have any conditions/illnesses or other health complaints at present? **YES/NO**

If yes, please give details

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For individuals under 16

Medication should be given to the named first aiders and clearly marked with name and full instructions for use.

Campers should retain inhalers and epipens. Spares to be given in to first aid.

The following will be available if required. Please indicate if they may be used when necessary.

Calpol, Antiseptic Wipes, Plasters, Waspee, Anti-histamine cream, **YES/NO**

EMERGENCY PERMISSION

I authorize Sinead Henderson and/or Sylvia Low as Adventure Camps First Aiders to give permission for medication/treatment in a medical emergency involving the emergency services.

All efforts will be made to contact relatives as soon as possible and the named staff will act on their behalf if they cannot immediately be contacted or are unable to attend.

Signed

..... Date

Parent/Guardian

Signed

..... Date

Person if aged over 16