## **Urban Saints Guildford Summer Camp** St.David's 2013: Lads' Application Form

Closing Date for Applications: 21<sup>st</sup> June 2013

Name:		
Date of Birth:		
Parents' contact name:		
Parents' contact mobile:		
Parents' contact email:		
Home Address:		
Home phone number:		
Contact number during		
camp (if different / in case of emergency):		
cuse of energency).		
Transport is required:	To Camp:	Yes / No
	From Camp:	Yes / No

My son is able to swim 50 Metres:

I enclose a cheque for summer camp fee

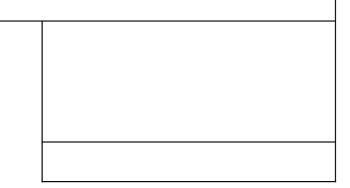
## **Medical Details**

\*\* Please notify Mike if any of these details change prior to camp \*\*

## Doctor's Name

**Doctor's Address** 

Doctor's Telephone



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If your son is asthmatic, please give details of medication used:

Preventative:

Reliever:

Number:

Yes / No

Please provide details of other medication being taken and what it is being taken for (continue on extra paper if you need to).

Is he able to keep and take this medicine without supervision? YES/NO (We can keep and control your son's medication if you would like.)

Please give details of any dietary requirements, allergies to medicines, plasters or foods.

Please give details of any other information that a doctor or hospital may need in the event of illness on extra paper. E.g. injuries or major illnesses in last 2 years

Date of last tetanus injection:

If you would like to discuss any medical matters, contact Peter Jeffrey on 01483 574063.

- I accept the booking conditions and give permission for my son to attend Summer Camp 2013.
- I confirm that it is acceptable for my son to be given Paracetamol and plasters if necessary.
- In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son to undergo medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.
- I understand that the leaders will take all reasonable care in the running of camp, but
  I acknowledge the possibility that my son may, for a short time, be out of sight of a
  leader. I understand that personal accident insurance is my responsibility and that
  the leaders cannot be held responsible for any loss, damage or injury suffered by my
  son arising from camp.
- By applying for Camp I ask for my son to become (if not already) a member of Urban Saints Guildford.
- I agree to pay the full Camp fee by the 21<sup>st</sup> June 2013.
- I confirm that, to the best of my knowledge, the details on this form are correct and I recognise that it is my responsibility to notify the camp organiser (Mike) if any of the details on this form change prior to camp.

Parent's signature:

Date: