

Campers Application Form

Please use block letters

For Generations
Christian Camps
use only
Checked by:

1 December 2018

Camp	Junior / Senior <i>(delete as applicable)</i>	
Child's full name		
Preferred first name		
Date of birth		Gender:
Address		
Post code		
Name of parent/carer		
Telephone numbers	Home:	Work:
	Mobile:	
Additional Emergency Contact	Name:	
	Relationship:	Telephone Number:
E-mail address		
Church/club attended		
Doctor's name		
Doctor's address and phone number		

Additional Information:

To run camp successfully it is important to know of any condition/special needs which have to be met. Please complete this section as fully as possible, continue on the back if necessary.

Does your child suffer from any medical conditions and/or allergies? Yes No

If YES, please give details including medical treatment

(an additional form will be sent closer to the camp for full details of medication)

Please outline any special dietary requirements of your child:

Details of any other issues e.g Do they have ADHD, language difficulties, behavioural support or any additional support at school?

I have read the information for parents in the brochure
(also available on www.generationschristiancamps.org.uk)

I agree that this information is correct, and give consent for it to be stored and processed in accordance with Generations Christian Camps policies
(which can be found here: www.generationschristiancamps.org.uk/privacy)

If you have included additional information on the back of this form, please tick this box:

In the event of illness or accident requiring emergency hospital treatment, I authorise the Camp leader to sign, on my behalf, any form of consent required by the hospital authorities.

Parent/carer's signature _____ **Date** _____