

APPLICATION FORM

Both sides of this form must be completed fully.

CHILD'S NAME:

.....

BOY GIRL

ADDRESS:

.....

.....

POSTCODE:

DOB:

CHURCH:

Details of parent/guardian who would be available in case of an emergency:

NAME:

TEL:

MOB:

EMAIL:

Attended a byouth camp in 2019?
YES / NO

I wish to make an application for the following camp:

.....

2ND Choice:

.....

If your first choice is fully booked we will endeavour to facilitate your second choice. Either the full fee or a £30/€35 must be sent with the form. In case of cancellation within 6 weeks of the start of camp the deposit is not refundable.

I ENCLOSE FULL FEE

I ENCLOSE DEPOSIT ONLY

I give consent:

to be kept informed about future Baptist Youth events e.g. future camp dates etc

for my child's data to be stored securely for medical, safeguarding and emergency purposes.

for the above child to take part in all the activities of the camp under proper supervision for the camp leader to act 'in loco parentis' in case of emergency and first aid to be administered where considered necessary.

By signing this, I also confirm that I have read and agreed to the terms supplied at www.byouth.org/camps under the heading 'important information'.

SIGNED (PARENT/GUARDIAN):

.....

DATE:

.....

MEDICAL INFO

Please complete the following

(All details will be treated in confidence).

DOCTOR'S NAME:.....

ADDRESS:.....

.....

.....

TEL:.....

Please give us any information about the applicants health that would be helpful for us to know

(i.e Asthma, Epilepsy, Homesickness, Bed Wetting, etc):

.....

.....

If the Applicant is receiving medical attention

(i.e Takes tablets or requires injections, give details below, if necessary obtaining relevant information from you doctor):

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.....

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

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.....

.....

If he/she has a special diet, please provide details:

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.....

Warning: failure to disclose important 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 (PARENT/GUARDIAN):

.....

DATE:.....

RETURN: BAPTIST YOUTH CAMPS, BAPTIST YOUTH,
19 HILLSBOROUGH ROAD, MOIRA, BT67 OHG