

IOW CAMP 2017- CAMPER BOOKING FORM

Camp Dates July 29th – 5th August 2017

For Office Use only

Date Received

Booking No.

1. Personal Details *(Complete in full using Block Capitals, use one form per camper)*

| | | | | | | | | |
|---|-----------------------------|------|--------|---|---|---|---|---|
| Campers Full Name | Campers age on 29 July 2017 | | Gender | | M | F | | |
| | Yrs | mths | | | | | | |
| Campers Home Address (incl postcode) | Campers Mob. No. | | | | | | | |
| | Campers e-mail | | | | | | | |
| | Date of Birth | D | D | M | M | Y | Y | Y |
| Any special dietary requirements? | <i>(Give details)</i> | | | | | | | |
| Friends you would like to share a tent with. <i>(Junior and Senior campers only)</i> | | | | | | | | |

2. Home Contact Details

| | | | |
|---------------------|--|------------------------|--|
| Home Contact name. | | Relationship to camper | |
| Home Contact E-mail | | Home Contact Tel No | |

3. Prices

Pocket Money - The Camp bank will hold prepaid deposited Pocket Money for campers if so required. This **must** be paid in advance with camp fees. The **maximum** that the bank will hold is £35. This will be given to the camper at a rate of £5.00 per day (unless otherwise instructed by parents/guardians)

Outings Money - In addition to the above, we will run extra activities not included in the camper fee (Such as trips to canoeing or Sandown Zoo). Please ensure your child brings extra money to purchase tickets at camp if they wish to take part in these additional activities. Suggested £40 in total. The camp bank can hold these monies for campers on site.

| | | |
|--|-----------------------------------|-------|
| Fee Summary (complete all fields that apply) <i>Do not send cash, make cheques payable to ELIM CHURCH IOW CAMP</i> NEW FOR 2017 – Please provide your child with camping suitable (i.e plastic/unbreakable) plate, bowl and cup for 2017 | Camper Fee (all ages) | £ 145 |
| | Pocket Money (if any) | £ |
| | Additional outings money (if any) | £ |
| | Total | £ |

4. Please Sign

| | | | | |
|--|-----|--|----|--|
| Does this child have a Statement of Special Educational Need ? <i>(If so supply a copy with this form)</i> | Yes | | No | |
|--|-----|--|----|--|

Please note, professional photographs and video may be taken at camp to be used for church displays and future advertising purposes. In signing this form you agree to the use of photographs and video which will only be used for the following purposes:-

- o Electronic and printed information, Displays and exhibitions relating to the activity shown in the picture
- o Any similar campaign or related area

Images/video will NOT be used for anything which may be used as negative in tone or that may cause offence, embarrassment or distress for the young person or their Parent/ Guardian: for example, drug and alcohol abuse, child abuse.

I Certify that this camper is physically able to participate in the normal activities of the camp and agree to abide by the rules (pg 3)

Signature of Camper Date/...../.....

Signature of Parent /Guardian..... Date/...../.....

Send this form together with your payment in full and completed Medical Form (see section 5) to:-

Monique at

22 Atkinson House, Austin Road, Battersea, London, SW11 5JW

For info contact - E mail campers@elimyouthcamp.com Tel. 07825107984

5. Camper Medical Details - To be completed by the parent or guardian of the camper named below.

Please answer the following questions as fully as possible as in the event of your child requiring emergency treatment, it will help the medical authorities in deciding what is the most appropriate treatment to give

Camper's Full Name **Date of Birth**

| | |
|---|--|
| Any known Allergies/Sensitivities/Disabilities (e.g. Penicillin, Food Colourings, Travel Sickness, Bed-wetting, Asthma etc.) | <i>Give Details (including any precautions or remedies)</i> <div style="text-align: right;">(Use additional sheets if required)</div> |
|---|--|

| | | | |
|---|---|--------------------------|--------------------------|
| Date of last Tetanus vaccination | If unknown is it greater than 3 years? | Yes | No |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Do they take regular medication? | Yes | No | Have they has a general anaesthetic in the last twelve months ? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| Are they suffering from or have they suffered from ANY infectious disease in the last twelve months? <i>(e.g. Chicken Pox, Diphtheria, Measles, Mumps, Rubella, Whooping Cough etc.)</i> | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|---------------------|--|
| Give Details | <div style="text-align: right;"><i>(Use additional sheets if required)</i></div> |
|---------------------|--|

| | |
|---|---|
| Any other medical condition or medically prescribed dietary requirements which we should know about? | <i>Give Details</i> <div style="text-align: right;"><i>(Use additional sheets if required)</i></div> |
|---|---|

Details of any Medicines/Diets/Treatments currently being taken/followed (including dosage) & the Specialist and Hospital concerned if appropriate (please include any non-prescription preparations, such as cough sweets, herbal medicines).
If he/she has to take any medicines, the bottle, jar or other items should be clearly labelled with their name and the exact dosages, and should be handed to the Nurses immediately after registering at camp.

| |
|--|
| <div style="text-align: right;"><i>(Use additional sheets if required)</i></div> |
|--|

| | | | |
|------------------------|--|------------------------|------------------|
| Home Tel No. | | Doctors Address | |
| Doctors Name | | | |
| Doctors Tel No. | | | Postcode. |

Other Emergency Contact *(This must NOT be a relative or friend that is attending the camp.)*

| | | | | | |
|-------------|--|------------------------------|--|----------------|--|
| Name | | Relationship to Child | | Tel No. | |
|-------------|--|------------------------------|--|----------------|--|

AUTHORISATION FOR MEDICAL TREATMENT

In the event of an emergency, I agree to any medical and dental treatment being given to my child, including the administration of a general anaesthetic and to surgical operation(s), in accordance with the recommendations of an appropriately qualified medical practitioner. I further agree that the Camp Nurses may administer the appropriate minor treatment/precautions (as indicated below) if required.

| | | | | | | | | | |
|-----------------|--|----------------------|--|------------------------|--|-------------------------|--|-----------------------|--|
| Headache | | Stomach Upset | | Cuts and Grazes | | Burns and Stings | | Other Ailments | |
|-----------------|--|----------------------|--|------------------------|--|-------------------------|--|-----------------------|--|

Parent/Guardian
Name Signed..... Date

CAMP RULES

1. No girls in boys tents/area toilets, or boys in girls tents/area/toilets at **ANYTIME**. A recreation area is available throughout the day for groups to meet.
2. No smoking and no drinking of alcohol on site or at any camp activity for the duration of the holiday. All pubs and clubs are out of bounds.

THOSE WHO BREAK THE ABOVE RULES WILL BE SENT HOME

3. The following areas are out of bounds for campers
 - a. Staff Lines
 - b. Laundry (except between 14:00 and 16:00 for the washing and drying of clothing only)
 - c. Kitchen area
 - d. Dining Area (except for meals and camp activities)
 - e. All other camp sites and the Caravan Park (This includes the shop, toilet/shower blocks and the pathway to the beach). **There is no exception to this rule at any time**
4. All campers are to take the recognized paths to the beach. You are **NOT** to attempt to climb Culver Cliff or to walk around it by the beach.
5. Campers aged 16+ will be allowed off site at free times provided they are not alone. Campers aged 13 – 15 will only be allowed off site when accompanied by an adult and with permission Campers aged 9 – 12 may only leave site in the care of an approved adult. Any campers leaving the site in accordance with the above **MUST** sign out at the camp office before departure and sign back in on return
6. Campers under 18 years of age may not go swimming except with an organized beach party. No inflatable whatsoever is to be used in the sea
7. Campers **MUST** attend all meals. (Senior Campers may be absent from the mid day meal only with the specific consent of the Duty Officer)
8. This is a Christian Camp, campers are required to attend morning seminars and evening meetings. These are designed to be of interest to you
9. Tents and equipment are to be treated with care and respect at all times, any faults should be reported to the equipment officer as soon as possible
10. Campers must be in their tents by 11:00pm (unless there is an organized late night activity) Campers of 18 years and over should liaise with the Camp Director for any variation of this rule
11. Radios/MP3 Players/i-pods etc. are not to be played between the hours of 10:30pm – 8:00 am, nor to the annoyance of others at any time
12. All knives and anything considered by the Camp Director as a weapon or a danger to others are to be handed into the office on arrival and will be held for the duration of your stay at camp. **Violence or the threat of violence to Staff or Campers will not be tolerated and will result in the offender(s) being sent home and banned from attending future camps.**
13. **All medicines are to be registered with the nurse on arrival at camp and the nurse will supervise the administering of them during the course of your stay**
14. No pets or kites are permitted on site. The farmer enforces this rule strictly.