



# USG Parental Consent & Application Form – Whitsun and/or Summer Camp

**Whitsun Camp: 25<sup>th</sup> – 28<sup>th</sup> May 2018**

**Summer Camp: 18<sup>th</sup> – 31<sup>st</sup> August 2018**

**URBAN  
SAINTS**  
GUILDFORD

I am applying for my son to attend: Whitsun Camp 2018  Summer Camp 2018

(Please tick either/both – as appropriate.)

Urban Saints Guildford is registered under the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

**SECTION 1 – CONTACT INFORMATION.** *This will help us to get in touch with you, should we need to, both before and during these residential activities.*

Name of son:	Date of birth:
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Home address:	Postcode:
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Contact telephone numbers of parent/carer (if we need to speak with you prior to a camp):		
Name of parent/carer:		
Daytime:	Evening:	Mobile:

Address of parent/carer <u>during</u> camp – if different from the home address above: (Please provide separate address details for each camp where necessary.)	
	Postcode:
	Postcode:

Contact telephone numbers of parent/carer <u>during</u> camp – if different from the contact telephone numbers above: (Please provide separate numbers for each camp where necessary.)		
Name of parent(s)/carer(s):		
Daytime:	Evening:	Mobile:

E-mail address:
(Please print clearly – we will use this e-mail address to send out information such as kit lists.)

**SECTION 2 – MEDICAL INFORMATION.** *This will help us to give the best possible care to your son during these residential activities.*

Name of family doctor:

Address of family doctor:

Postcode:

Phone number of family doctor:

Please give details of any allergies affecting your son:

Please give details of any medication your son is currently taking, the dosage and whether it can be self-administered:

Please give details of any contagious or infectious diseases your son has suffered from in the past 3 months:

Please give details of other recent illnesses or on-going medical conditions:

Please give the date of your son's last anti-tetanus injection:

Please give details of any special dietary requirements your son has:

If supervised swimming is offered on the programme, do you give consent to your son taking part?

*(Please tick as appropriate.)*

YES

NO

If consent is given, what distance can they swim?

Please give details of any activities included in the programme in which your son may not participate:

Please give any other information you think may be useful to us in caring for your son, eg. suffers from travel sickness:

### SECTION 3 – PAYMENT DECLARATION

I am paying for *(please tick as appropriate)*:

Whitsun Camp only:  £80 (or  £100 if late, i.e application and/or payment after 20th April 2018)

Summer Camp only:  £360 (or  £400 if late, i.e. application and/or payment after 8th June 2018)

First week of Summer Camp only (yrs 5/6 only):  £250 (or  £290 if late, i.e application and/or payment after 8th June 2018)

Both Whitsun and Summer Camp:  £420 (or  £440 if late, i.e. application and/or payment after 20th April)

Whitsun Camp and first week of Summer Camp only (yrs 5/6 only):  £310 (or  £330 if late, i.e. application and/or payment after 20th April)

Chosen payment method *(please tick as appropriate)*: cheque (enclosed with application)  online payment

Please make cheques payable to: **Urban Saints Guildford**

Please make online payments using: Sort Code: **30-93-74**, Account Number: **00318381**

For online payments, please use the payment reference to indicate which camp(s) your payment covers ('WC-' for Whitsun Camp only, 'SC-' for Summer Camp only, 'WSC-' for both camps) together with the initials of your son and his surname – or as much of it as possible. E.g. WC-JSmith, SC-JSmith or WSC-JSmith

**Section 4 – AUTHORISATIONS. Relevant sections to be read and signed only by a parent or other adult with parental responsibility.**

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 either camp.

I understand that if my son grossly misbehaves at either camp then the organisers may forbid them from further participation and require me to collect them at my expense. (Cigarettes and alcohol are forbidden and failure to abide by this rule may constitute gross misbehaviour.) I agree to pay for deliberate damage to property caused by my son.

By applying for either camp I ask for my son to become (if not already) a member of Urban Saints Guildford.

I agree to pay camp fees in full by **20<sup>th</sup> April 2018** when applying for Whitsun Camp or both camps, or by **8th June 2018** if applying for Summer Camp only. I understand that an application or payment received after these deadlines will be charged at the higher rates detailed in section 3.

**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 organisers Jagat Shrestha (Whitsun) and Dan Price (Summer) if any of the details on this form change prior to each camp.**

Signature of parent or other adult with parental responsibility:

Date:

From time to time we may like to use photographs and/or videos of young people taking part in group activities in publicity for the group, or we may wish to pass on material for use in publicity, publications, promotional/training videos and websites produced by Urban Saints nationally. No personal details, such as names, appear with photographs or videos unless we obtain specific parental permission first.

If you are happy for us to use photographs and/or videos of your son in this way, please sign below.

I consent to photographs/videos of my son being used within Urban Saints for the purposes mentioned above. I understand that their name or other personal information will not be used unless my permission is obtained first.

Signature of parent or other adult with parental responsibility:

Date:

**Whitsun Camp (25<sup>th</sup> – 28<sup>th</sup> May 2018):**

**Please complete the following if your son will be attending Whitsun Camp 2018:**

I accept the booking conditions and give permission for my son to attend Whitsun Camp 2018.

Signature of parent or other adult with parental responsibility:

Date:

**Summer Camp (18<sup>th</sup> – 31<sup>st</sup> August 2018):**

**Please complete the following if your son will be attending Summer Camp 2018:**

My son is in Year 5/6 and will be taking the option to attend Summer Camp for the first week only (returning Friday 24th Aug):

(Please tick as appropriate.)

YES

NO

N/A

Transport is required:

(Please tick as appropriate.)

To Summer Camp

From Summer Camp

I accept the booking conditions and give permission for my son to attend Summer Camp 2018.

Signature of parent or other adult with parental responsibility:

Date: