

# CAMP 2025 Booking Form for Campers



**BOOKING WILL NOT BE ACCEPTED UNLESS THIS FORM IS COMPLETED IN FULL AND RETURNED BEFORE 30<sup>th</sup> June 2025 to J&C Davies, 122 Lewis Road, Neath SA11 1DQ**

**Email:** [sdacgowercamps@btinternet.com](mailto:sdacgowercamps@btinternet.com)

**Mobile:** 07857 382497 (camp mobile #)

Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Parent / Guardian Alternative mobile: \_\_\_\_\_ Parent / Guardian only

Email: \_\_\_\_\_ Parent / Guardian only

Attending Girls/Boys Camp: \_\_\_\_\_ Girls/Boys Age on Camp 2025 (by 31<sup>st</sup> August 2025): \_\_\_\_\_

Name of Church: \_\_\_\_\_

I enclose a deposit of £20: \_\_\_\_\_ or I enclose the full fee of £60 \_\_\_\_\_

By cheque: "Swansea & District Assemblies Camp" By cash: please give to a church leader

By bank transfer: Sort Code 30 93 53 Account number 02273788 Reference child's name

**Dietary and Medical Details (confidential):** Please complete this section as fully as possible. Failure to do so could result in a camper having to return home.

Name of GPs/ Health Centre : \_\_\_\_\_ Telephone: \_\_\_\_\_

National Health No.: \_\_\_\_\_ Date of last tetanus: \_\_\_\_\_

Please answer these questions and where necessary give details below. Does your child have:-

• specific dietary requirements? \_\_\_\_\_

• any allergies (including medication)? \_\_\_\_\_

• to take medication regularly? \_\_\_\_\_

• suffer from any illness? \_\_\_\_\_

• any special needs/disabilities? \_\_\_\_\_

## Permissions

- 1) Do you give permission for authorised Camp leaders to **administer medication** (as stipulated by you above) to your child? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) In the event of any **medical treatment** becoming necessary every effort will be made to contact the parents/guardians. However, if we are unable to contact you in an emergency we need your permission to seek medical treatment in your absence. In signing below,
  - a. I give consent for authorised Camp leaders to administer emergency medication (such as Calpol, paracetamol, ibuprofen, plasters etc.) to my child and;
  - b. I give consent for the camp leader (James & Carolyn Davies) to act in my absence in case of medical emergency under the direction of medical professionals.

Sign (parent/guardian): \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

3) **Photography:** Do you give permission for photos of your child, taken at Camp 2025, to be used on the Camp Facebook page and for promotional material? Yes \_\_\_\_\_ No \_\_\_\_\_

4) **Campers to sign:** I've read the 'Code of Conduct' and promise to observe it \_\_\_\_\_

5) **Campers aged 17 only:** you need confirmation that your church is happy to recommend you to role as younger worker by them signing below.

**I confirm that this person is suitable to be considered for the role of Young Worker at Camp 2025**

Youth Leader/Elder: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

6) **Parent / Guardian:** I certify that the above details are correct and that my child has permission to attend Camp.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_