

CAMP 2026 Booking Form for Campers



BOOKING WILL NOT BE ACCEPTED UNLESS THIS FORM IS COMPLETED IN FULL AND RETURNED BEFORE 30th June 2026 to J&C Davies, 122 Lewis Road, Neath SA11 1DQ

Email: 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 2026 (by 31st August 2026): _____ Date of birth : _____

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 2026, 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 2026

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: _____