

# CAMPER APPLICATION FORM

**BOTH CAMPER AND MEDICAL FORM MUST BE COMPLETED FULLY**

CHILD'S NAME:

\_\_\_\_\_

BOY  GIRL

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

DOB: \_\_\_\_\_

CHURCH (OPTIONAL):

\_\_\_\_\_

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

Name: \_\_\_\_\_

Tel: \_\_\_\_\_

Mob: \_\_\_\_\_

Email: \_\_\_\_\_

Attended a BY Camp before?

Yes / No      Year \_\_\_\_\_

I WISH TO APPLY 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 (or bank transferred if this form is sent via email). In case of cancellation within 6 weeks of the start of camp the deposit is not refundable.

Full fee enclosed

Deposit only enclosed

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](http://www.byouth.org/camps) under the heading 'important information'.

SIGNED (PARENT / GUARDIAN):

\_\_\_\_\_

DATE: \_\_\_\_\_

# MEDICAL FORM

**ALL INFO IS TREATED AS CONFIDENTIAL**

DOCTOR'S NAME:

\_\_\_\_\_

DOCTOR'S ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOCTOR'S TELEPHONE:

\_\_\_\_\_

Please give us any information about the applicant's health that would be helpful for us to know (i.e. Asthma, Epilepsy, Homesickness, Bed Wedding etc).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the applicant is receiving medical attention (i.e. Takes tablets or requires injections, give details below, if necessary obtaining relevant information from your doctor):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:**

**By post:** Baptist Youth 19 Hillsborough Road,  
Moir, BT67 0HG

**By email:** [youth@thebaptistcentre.org](mailto:youth@thebaptistcentre.org)