

Summer Camps of The Christian Community

73 Cainscross Rd.
Stroud, Glos.
GL5 4HB

+44 1453 299311
ccstroud@talktalk.net
www.cc-camps.org

Application Form for the Children's Summer Camp 2019

From the 20th – 30th July 2019 at Colin Godman's Farm near Forest Row in the Ashdown Forest

Child's Name:.....

Date of Birth:Can he/she swim? :..... Boy/Girl?:.....

School: Class/Year:

Important non-medical information we should know (eg: special diet, social challenges, etc.):

.....
.....

Parent/Guardian contact details:

Name:

Address:

Tel. no's:.....Email.....

(COST: 1st child - £350.00, 2nd child - £250.00, 3rd child - £150.00)

I enclose the amount of £..... to cover the cost of the camp plus £..... as a donation to assist those children for whom the fee is unaffordable.

Completed application forms together with payment (cash or cheque made to: The Christian Community) should be sent to Rev. Aaron Mirkin or Paul Abel at The Christian Community, Stroud. Deposits may also be made into **The Christian Community Youth Account at HSBC, Sort code 402009, a/c no° 31387367 with your child's full name as reference.** Please provide proof of deposit.

We have tried to keep the cost down to a minimum but will still consider a fee reduction where needed and possible. Please contact us should this be a need for you. No child is ever turned away for financial reasons. Children are accepted to the camp on a first-come-first-serve basis. To ease our planning please ensure that your application with payment is in as soon as possible. Please also see the Information Sheet for more detailed information and what to pack.

Consent from Parent/Guardian for child to go on the Summer Camp 2019

1. I, the undersigned, feel adequately informed about the activities offered at The Christian Community Summer Camp 2018 at Colin Godman's Farm from the 20th – 30th July 2019 and hereby give permission for my child to participate.
2. I understand that photographs may be taken during the camp. These would only be used on the camp web-site for marketing the camp and providing parents with access to pictures after the camp.
3. I accept that all reasonable precautions and risk assessments will be made to ensure the safety and welfare of my child and understand that participation of my child in the Summer Camp 2019 is not compulsory and any participation is at the sole risk of the participant and/or his/her legal guardian.
4. I further agree that I shall be responsible for the payment of any medical expenses incurred through medical treatment required by my child during the camp. In this regard, I cede my powers as parent/guardian to an authorised representative of The Christian Community should medical treatment of any nature whatsoever be deemed necessary. I understand that all efforts will be made to contact me at once should medical treatment be required by my child.
5. I agree that the duly authorised representatives of The Christian Community may administer homeopathic medication to my child where deemed necessary.

Medical information to be furnished in respect of the Summer Camp 2019

1. Please list any allergies and/or other medical conditions we should know about:

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.....

2. Please list any medication currently being taken by your child:

.....

Parent/Guardian's signature:

Date: