

CHELTENHAM WOODCRAFT FOLK SPRING CAMP 2019 – BOOKING FORM

Please complete one form for each adult or child attending camp and return it ASAP.

ATTENDEE INFORMATION	
Name:	
Age:	Date of Birth:
Home Address:	

PARENT/GUARDIAN INFORMATION	
Name:	Relationship to Child:
Primary Contact Number:	Alternative Contact Number:
Email Address:	

SECONDARY EMERGENCY CONTACT	
Name:	Relationship to Attendee:
Primary Contact Number:	Alternative Contact Number:

PERSONAL INFORMATION	
Immunisations received:	
Allergies:	
Dietary requirements (e.g. vegetarian):	
Medication requirements:	
Conditions requiring special consideration (medical/physical/emotional/behavioural):	
GP Name:	GP Telephone Number:
GP Address:	

PAYMENT INFORMATION
Voluntary Financial Contribution (£ total for family group):
Payment Method (cash/cheque/BACS):

CONSENT
I give permission for my child to take part in all the usual range of Woodcraft activities during the camp, including bushcraft, climbing and swimming.
In the event of an emergency I authorise the leaders to act on my behalf, as they consider appropriate, in the knowledge that I shall be informed at the earliest opportunity. I give my consent for medical treatment as recommended by a registered health professional.
Where medication requirements have been detailed, I authorise the qualified first aider to administer the medical treatment as prescribed – medication will need to be provided with all original packaging.
I give permission for photographs to be taken of my son/daughter (in accordance with our safeguarding policy – available on our website) and for these to be used in any future record, publicity or on our website (children’s identifying information will not be published alongside any photos).
Parent/Guardian Name (PRINTED):
Date of Signature:
Parent/Guardian Signature: