

# Summer Camps of The Christian Community

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## Application Form for the Children's Summer Camp 2017

From the 22<sup>nd</sup> July – 1<sup>st</sup> August at Oaklands Park near Stroud in the Forest of Dean

Child's Name:.....

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

School: ..... Class/Year: .....

Any important information we should know (eg: special diet, social challenges, etc.):

.....  
.....

### Parent/Guardian contact details:

Name: .....

Address: .....

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

(**COST:** 1<sup>st</sup> child - £300.00, 2<sup>nd</sup> child - £200.00, 3<sup>rd</sup> child - £120.00)

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.

Signature of Parent/Guardian: .....

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 2017**

1. I, the undersigned, am adequately informed about the activities offered at The Christian Community Summer Camp 2017 at Oaklands Park from the 22<sup>nd</sup> July – 1<sup>st</sup> August 2017 and hereby give permission for my aforesaid child to participate.
2. I accept that all reasonable precautions including CRB checks and risk assessments will be taken to ensure the safety and welfare of my child and understand that participation of my child in the Summer Camp 2017 is not compulsory and any participation therein is at the sole risk of the participant and/or his/her legal guardian.
3. 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 for my child by such duly authorised representative. I understand that all efforts will be made to contact me at once should medical treatment be required by my child.
4. 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 2017**

1. I, the undersigned, hereby advise that my aforesaid child is in good health/hereby advise that The Christian Community's duly authorised representatives at the Summer Camp 2017 should note the following\*: (please state aspect that such duly authorised representative should be aware of such as allergies and/or other medical conditions if any):  
  
.....  
  
.....

2. I further advise that my said child is currently not on any medication / is currently taking the following medication\*:  
  
.....

\* Kindly delete that portion which does not apply

Parent/Guardian's signature: .....

Full name of Parent/Guardian: .....

Date: .....