

To be completed and signed by Parent/Guardian

Name of child _____ Date of birth _____

Address _____ Postcode _____

Parent name _____

Tel no. _____ (home) _____ (emergency - mobile)

Email address _____

Doctor's name _____ Doctor's tel no. _____

National Health no. (if known) _____

Details of any illness about which the leaders should be aware

Details of any medication required during the camp *(all medication to be labelled correctly clearly with name and dose needed each day)*

Details of any allergies or special diet

Please book me a place for Soul Survivor

My child would like to share a tent with _____ or _____

We can supply a tent sleeping _____ people for the use of the group

Please book me a place for Dynamic

My child would like to share a cabin with _____ or _____

I consent to my child taking part in the trips selected above.

I am happy for photos of my child to be taken and used for future publicity.

In an emergency and if I am not contactable, I am willing for the camp leader to authorise on my behalf for my child to receive necessary hospital, medical or dental treatment, including an anaesthetic.

I enclose a payment of: *(Cheques made payable to "Thornhill Baptist Church" please)*

£20 deposit for Dynamic £85 full payment for Dynamic (£75 before 31st March)

£30 deposit for Soul Survivor £170 full payment for Soul Survivor (£160 before 1st May)

Signed (parent/responsible adult) _____ Date _____