**Adventurer Camporee**

**Church Board Registration Form**

Friday 27th – Monday 30th May 2016

**Club Name:** ………………………………………………………………………………………………………………….

**Group Leader Details**

Title: Mr/Mrs/Ms/Miss/Other …………………………………………………………..………………

Surname ……………………………………….……… First Name ...…………………………………………….………………

Address ..............................................................................................................................................................................

……………………………………………………………….. Post Code ….………………………………………………………………………..

House Telephone……………..….….……………………………. Mobile .………………………………….………………………………….…………

Email Address ……………………………………………………………………………………………………………..……………………………………………….

**Group Details**

Total Number of Adventurers ………………………….

Total Number of Children under Adventurer age ………………………….

Total Number of All Adults ………………………….

**Church Board Approval**

We, the members of the ……………………………………………………………………………………………………….. Church Board, confirm that the group leader is a suitably responsible person to lead our Adventurer club to the Camporee and that we are satisfied with the Risk Assessment they have presented to us.

We confirm that all members of staff meet the requirements of the British Union Child Protection Policy: Keeping our Church Family Safe and that each person has Club Insurance cover.

We understand that the cost of this Camporee is as follows: Adventurers £60 and ALL adults £30 (i.e. Club staff, Cooks, Parents etc.) £20 for Children under Adventurer age (5 & 4year olds). No fee for children 3 years old and under. *Children* ***not*** *of Adventurer age are unable to participate in the activities due to insurance restrictions.*

All payments made after the deadline date 18th April will incur a late fee of £10 making the cost £70 and £40 respectively. Please note, Deposits are NON REFUNDABLE. Week commencing 25th April, camp registration will be cancelled for all clubs where full payment has not been received. Please note there will be no refunds after this dead line date.

We give consent for the total payment to be taken from our church Gift Aid account: YES / NO

Signed …………………………………………………………………………………………………… Date ……………………………….…………………………

(Church Clerk on behalf of Church Board)

**Alternative Methods of Payment**

A single payment can be made by most credit or debit cards by ringing 01923 232728. A single cheque (with the club’s name on the reverse) from the local church should be made payable to South England Conference and sent to Pathfinder Department, South England Conference, 25 St Johns Road, Watford, Herts WD17 1PZ.



**SEC Adventurer Camporee Application Form**

**27th–30th May 2016**

**Cost: £60 per Adventurer. £30 per Adult. £20 per Child aged 4-5years.**

**£20 per Conference Staff Leading Activities. Late fee – additional £10 per person**

**Deadline: 18th April 2016**

**NB - All applications should be received by the SEC Pathfinder Department, with payment no later than 18th April 2016. Please note there will be no refunds after the deadline date.**

***(All payments made after the deadline date 18th April will incur a penalty charge of £10 making the cost £70 and £40 respectively)*** **Payments must be made via your Club, The SEC will not accept individual payments.**

|  |  |
| --- | --- |
| **Club Name:** | |
| **Tick One Box: Club Staff Adventurer Child Aged 4-5 years SEC Camporee Staff**  *Please Note: Children* ***not*** *of Adventurer age are unable to participate in the activities due to insurance restrictions.* | |
| **Title: Mr./ Mrs./ Miss/ Others (please specify) First Name: Surname:** | |
| **Date of birth: \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_** | **Age: \_\_\_\_\_\_\_\_\_\_** |
| **Address Postcode:** | |
| **Photography Consent**  **The Data Protection Act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18’s) which are used in either video or printed material. Only first names will be used and/or the name of the club which they are a member.**  **Please sign here to indicate your consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  | |
| **Transportation Consent**  **The event organizers may organize off-site activities, and need to obtain your permission to transport your child to these activities. This transport may include minibus/car/coach and the following principles will be adhered to; A) All drivers will be DBS cleared B) Transport will be provided in vehicles that are roadworthy under UK law. C) All minibus drivers are over 25 years of age. D) Seatbelts will be worn at all times by all occupants of the vehicle.**  **Please sign here to indicate your consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Club Staff Members and SEC Camporee Staff only (i.e. all over 16 years old)**  **Disclosure and Barring Service Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Every person over 16 by law must have a DBS certificate pertaining to Adventurers/Pathfinders, done through the SEC, dated within three years of the event end date. Without this the person will not be allowed to attend*.** | |
| **I hereby give permission for my child to attend this event and to take part in the activities arranged, unless specified above. I agree to notify the leaders should there be any change to the information given.** | |
| **Signed: Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_** | |

**SEC Adventurer Camporee**

**Medical Form**

**Club name:**

**Attendee Details:**

Surname……………………………………………………………………………..……………………

First Name………………………………………………………………………………………………

Address………………………………………………………………………………………………..............................................................................................................................................................................................................Postcode.....................................................

**Health Information:**

Name of Family Doctor……………………………………………………………………….………

Telephone:………………………………………………………………………….………………..………..

GP Surgery Address:………………………………………………………………………..………………………………………………………………………………………..….

Please tick if you have/have had any of the following:

Rheumatic Fever-- 🞏 Hay Fever -- 🞏 Travel Sickness --🞏

Asthma – 🞏 Heart Trouble --🞏 Epilepsy - 🞏

Fainting Spells -- 🞏 Hernias --🞏 Kidney Disease -- 🞏

Diabetes -- 🞏

**Date of Last tetanus injection \_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_**

*Please give details of any current/past illnesses or medical conditions of which we should be aware (please continue on a separate sheet of paper if necessary)*

**Are you taking any kind of medication? Yes / No**

If yes please give name of drug and dosage details.

*Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure, if under 18)*

**Do you have any known allergies (e.g. to foods, medicines, vaccines, etc.)**

*If yes, please give details,*

**Are there any behavioural challenges that the organisers should be aware of? Yes/No**

*If Yes please specify.*

**Emergency Contact Details**

Title………….First Name…………………………………………………………………. Surname…………………………………………………………………

Relationship to attendee…………………………………………………………..…………………………………………………………………………………………………..

Address if different from attendee……………………………………………………………………….…………………………………………………………………

…………………………………………………………………………………………………………………………………………………………..Postcode…………………………..…..

Daytime Contact No………………………………………………………………………….Evening Contact……………………………………..………………..……..

Email:……………………………………………………………………………………….…………………Mobile……………………………………………….………………………..

To be completed and signed by parent/guardian if attendee is under 18 years of age.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Adventurer Camporee**

**Emergency Contact Details**

Friday 27th – Monday 30th May 2016

**Club name:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Emergency Contact Name** | **Emergency Contact Details** |
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**Adventurer Camporee**

**Sabbath Visitors List**

Friday 27th – Monday 30th May 2016

**Club name:**

|  |  |
| --- | --- |
| **Name** | **Contact Details** |
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