

Application Form 2020

Westbrook Adventure & Challenge – young person aged 9 to 16*



*Adventure is for those aged 9 to 12 on Aug 31st 2020, and Challenge for those aged 13 to 16 on Aug 31st 2020.

Westbrook Adventure & Challenge takes place from 27th July to 2nd August 2020 at Westbrook, Oakhill Road, Ryde, PO33 1PU.

YOUNG PERSON'S DETAILS: *This data will allow us to process the application.*

First Name: Surname:

Male Female

Date of Birth:

Home Address:

 Postcode:

Urban Saints Group or church they attend (if any):

Names of any other young people on the camp with whom your son/daughter would like to share a room

Some activities take place in the swimming pool. Do you give consent for your child to take part? Yes No

If 'YES' above, please confirm ability level:

Non-swimmer Swims a little (with flotation aids) but not confident Capable swimmer

YOUNG PERSON'S PHOTO: *We would like to display named photos at the Camp which will help us all to get to know each other quickly. For this we would like to have a recent "head and shoulders" photo of the young person attending.*

I have emailed or posted a recent photo of the young person to Mark Macklin at the address details below and consent to the usage as described above

CONTACT DETAILS FOR PARENT/GUARDIAN DURING THE CAMP: *This data will enable us to contact you should we need to*

Title: First Name: Surname:

Home Address:
(if different from above)
 Postcode:

Contact Email Address:

Contact Phone Numbers: Day: Evening: Mobile:

TRAVEL ARRANGEMENTS: *This holiday takes place on the Isle of Wight and young people have the option of joining a group (supervised by Urban Saints leaders) in Portsmouth to travel by hovercraft to the island, or can make their own way to Westbrook. Please cross box as appropriate:*

- My son/daughter will be joining the camp at the Portsmouth Hoverport (postcode PO5 3AD) on Monday 27th July
 My son/daughter will be joining the camp at Westbrook Centre (postcode PO33 1PU) on Monday 27th July
 Other (please specify):

NOTE: At the end of camp on Sunday 2nd August we will assume that your son/daughter will be picked up at the same place that they were dropped off, but please let us know in advance if this will be different.

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FEES: The full fees of £260 or a £60 deposit should accompany this application. Please cross and enter amount paid as appropriate:

I enclose a cheque for £ _____. Cheques should be payable to **Urban Saints Holidays 10**

I have paid £ _____ by BACS to the account below:

Sort Code: **30 97 25**

Account No: **01736248**

Account Name: **Urban Saints Holiday 10**

Reference: Please use your child's **first name and surname** as the reference

NOTE: Any remaining balance will become due eight weeks before the start of the Camp.

CONSENT: Please review the options below and tick those that you are comfortable with. You may amend your choices at any time by contacting the Camp's Main Leaders:

We may make the photos/videos above available after the camp via a restricted file sharing site (i.e. not posted to social media) to other attendees and their parents so that everyone can enjoy the memories.

- If you give consent for us to use any photos/videos (that include your son/daughter) in this way, **please cross this box:**

If some of the above photos/videos are especially good, Urban Saints may wish to use them in future publicity or other materials. We never include personal details without prior explicit permission.

- If you give consent for us to use any photos/videos (that include your son/daughter) in this way, **please cross this box:**

We would like to send you some brief email messages after the holiday which can be shared with the young person attending. These are intended to help build upon the teaching from the camp and provide encouragement throughout the year (approximately once a month). We would also like to contact you to tell you about future Westbrook Adventure and Challenge camp plans.

- If you give consent for us to contact you by email in this way, **please cross this box:**

DECLARATION:

I agree to the General Terms & Conditions for Urban Saints' Camps (see www.urbansaints.org/termsandconditions). I support and approve my son/daughter taking part in this camp. By signing this, I apply for my son/daughter to become a temporary member of Urban Saints and acknowledge that this will happen on acceptance of this application.

I understand that the leaders will take all reasonable care in looking after my son/daughter, but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this trip.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

I give permission for Urban Saints to process and store the personal data given on this form for use in relation to my son/daughter attending this camp and for use in safeguarding records. I understand that Urban Saints will never sell or swap our data with another organisation and will store our details securely, respecting our trust and privacy as detailed in its Privacy Policy: www.urbansaints.org/privacypolicy/.

SIGNATURES: For participants aged 13 or over at the time of booking, we are also required to obtain consent in order to use photos/videos as outlined in the Consent section above.

Signature of parent or other adult with parental responsibility:
Date:

Signature of participant if aged 13 or over at time of booking:
Date:

Please return this form to Celia and Mark Macklin. Applications can be paper-based or via email.

Postal Address: Hollytree House, Hog Lane, Ashley Green, Bucks, HP5 3PS

Email Address: markmacklin.mm@gmail.com

If you need to contact the Camp's Main Leaders about any aspect of this booking, please email Celia & Mark Macklin as above.

Urban Saints is the operating name of The Crusaders' Union, a company limited by guarantee and registered in England & Wales, company number 07771037, charity number 1144923, and in Scotland, charity number SC039313. Urban Saints Support Centre: Kestin House, 45 Crescent Road, Luton, Bedfordshire LU2 0AH. Tel: 01582 589850 | Web: www.urbansaints.org | Email: email@urbansaints.org

Medical Form – Young Person

Urban Saints' Camps



On every Urban Saints' Camp there will be an adult responsible for First Aid. To help them carry out the role effectively this Form should be completed as fully as possible by the child's parent or other adult with delegated parental responsibility and then returned as notified.

Name of Camp: Year:

First Name: Surname:

Male Female

Date of Birth:

Home Address:

 Postcode:

Does he/she have any health conditions of which the staff at the Camp should be aware? Yes No
If 'YES', please give details and note if a condition may limit participation in certain activities:

Does his/her health and/or well-being require any additional support? (For example, disabilities, behavioural or social challenges). Yes No
If 'YES', please give details;

Is there any reason why he/she should not receive normal first aid treatment? Yes No
If 'YES', please give details;

Has he/she had any significant injuries or serious illnesses in the past two years? Yes No
If 'YES', please give details:

Does he/she take any regular medication or prescription drugs? Yes No
If 'YES', please give details including dosage and frequency of administration:

Please note that for safety reasons all medicines must be handed to the First Aider on arrival. Please ensure that any medicines are clearly labelled with your child's full name, dosage and frequency of administration. If there are reasons why you wish your child to keep his/her medication with them (which may be more appropriate for older children or those using asthma inhalers, for example) please let us know.

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Does he/she have any food allergies/intolerances or other dietary requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If 'YES', please give details:</i>		

Are you happy for staff to use adhesive plasters in the event of minor cuts and grazes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you happy for staff to administer Paracetamol* to your child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>* Please note that only the First Aider will administer Paracetamol and they will follow a strict protocol to ensure its safe use.</i>		

Date of your child's last tetanus injection (if known):	
Your child's NHS Number (if known):	

Name of Family Doctor:	
Address of Practice:	
Postcode:	Telephone number of Practice:

Details of parent or other adult with delegated parental responsibility who can be contacted during the Camp if necessary:

Name:	Relationship to child:	
Address (including postcode):		
<i>If different from Young Person's address above</i>		
Contact phone numbers:		
Day:	Home:	Mobile:

- In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.
- I give permission for Urban Saints to process the personal data given on this form for use in relation to my child attending the Camp. I understand that Urban Saints will never sell or swap our data with another organisation and will store our details securely, respecting our trust and privacy as detailed in its Privacy Policy: www.urbansaints.org/privacypolicy

Signature:	Date:
Parent or other adult with delegated parental authority	

Note: If any information on this Form changes before the start of the Camp please contact Celia or Mark Macklin

Camp staff record any changes here:

Please return this form to Celia and Mark Macklin, either paper-based or via email.

Postal Address: Hollytree House, Hog Lane, Ashley Green, Bucks, HP5 3PS

Email Address: markmacklin.mm@gmail.com