

# THE CHURCH OFFICE



## Summer Club Pack



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# Registration Form

Please complete this form and hand it to the person in charge of your group. If you are under 18 this form must be completed by a parent or guardian. We require a completed form for every member of the group, including leaders.

When you share your personal data with us we treat it with care and take our responsibility to protect it seriously. We store medical forms in a secure location and retain your forms for 6 months. After this time any confidential information is destroyed unless there has been an accident during our activities, in the case of which we would keep the information with the accident form for 5 years in case of litigation.

I have read and understood this information: Yes/No

## Details of the Child:

Name :	
Date of Birth:	
Address:	

## Important Contacts:

	Name	Address	Contact Number
Person to contact in an emergency			Home: Mobile: Work:
2nd Person to contact in an emergency			Home: Mobile: Work:
Your Doctor			

# Medical Form

Any illness or conditions that may affect you during the camp must be declared. If not \_\_\_\_\_ cannot be held responsible for any accident occurring as a result of that condition. If there are any changes to the information given below, please inform \_\_\_\_\_ immediately.

	Have you ever had	Yes/No	If 'yes' please give details, including dates if applicable
1	Heart trouble, raised blood pressure?		
2	Asthma, bronchitis, tuberculosis?		
3	Diabetes?		
4	Epilepsy, fainting attacks, migraine, severe head injury?		
5	Nervous illness or psychiatric treatment?		
6	Hayfever or other allergy?		
7	Allergy to insect bites, especially wasps?		
8	History of fractures or tendon/ligament damage (e.g. back, neck, arms, ankles or knees)?		
9	A tetanus injection? If so, please state the date of the most recent.		
10	Are you suffering from, or are you a carrier of any infectious diseases?		

11	Have you been treated by a doctor or been in hospital within the last 2 years?		
12	Are you taking any medication? If so, please give details, state dosage and ensure you bring enough.		
13	Have you any special dietary requirements (e.g. vegetarian or vegan); or food allergies (e.g. to nuts)?		
14	Do you have, or suffer from any other medical or physical condition?		
15	Would you be happy for us to give your child medication if requested by the child (e.g. headache)?		

**Participant Name:**

I, the undersigned parent/guardian, give permission for my child to participate in \_\_\_\_\_.

I acknowledge that:

- I have provided accurate medical and personal information
- I understand the nature of the activities involved
- I consent to my child receiving medical treatment if required
- If I cannot be reached, I give permission for emergency medical care to be administered

**Media Consent**

- I give permission for photos/videos to be taken: Yes / No
- 

Printed Name:

Signature:

Relationship to participant:

Date:



# Code of Conduct

Name: \_\_\_\_\_

Dates of camp: \_\_\_\_\_

I am excited to go to summer camp! I agree to follow these values so everyone can have a safe and fun experience:

## Be Kind and Respectful

- I will treat everyone with kindness.
- I will use polite words and listen when others are speaking.
- I will include others and not leave anyone out.

## Stay Safe

- I will follow all safety rules and instructions from staff.
- I will stay with my group and not wander off.
- I will tell an adult if I feel unsafe or see something wrong.

## Take Responsibility

- I will look after my belongings.
- I will clean up after myself.
- I will be on time for activities.

## Make Good Choices

- I will not bully, tease, or hurt others.
- I will not use bad language.
- I will follow camp rules at all times.

## Try My Best

- I will try new activities with a positive attitude.
- I will respect camp property and its surroundings.
- I will do my best to be a good team member.

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## Agreement

I understand these values and agree to follow them while at camp.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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