

ATTENDEE **APPLICATION FORM**

I am a Pathfinder ☐ Club staff member ☐

Conference/Mission:

Club/Church Name:



Please attach a recent passport-sized photo here

Attendee Details

Male ☐ Female ☐

Surname:.....

First Name(s):.....

Nationality:.....

Date of Birth: __ / __ / ____

Age at Camporee:.....

Address:.....

..... Postcode:.....

Tel – home:.....

Mobile:.....

Email:.....

T-shirt size (S / M / L / XL / XXL):.....

Health Information

Name of Family Doctor:.....

Telephone:.....

GP Surgery Address:.....

Fax No.....

GP Surgery Email address:.....

Please tick if you have had any of the following:

Heart Trouble ☐

Asthma ☐

Epilepsy ☐

Diabetes ☐

Skin Conditions ☐

Travel Sickness ☐

Fainting Spells ☐

Enuresis ☐

Date of last Dip/Tet/Polio inoculation __ / __ / __

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

.....

Are you taking any medication (including any for asthma or allergies)?

Yes ☐ No ☐

Please give name of drug and dosage details. Any medicines required during the trip should be clearly labelled with the name and exact dosage details (and should be handed to the leader before departure if under 16).

.....

Do you have any known allergies (e.g. to foods, vaccines, medicines etc) – if yes, please give details

Yes ☐ No ☐

.....

Do you have any special dietary requirements?

Yes ☐ No ☐

.....

Please specify any behavioural challenges which organisers need to be aware of:

.....

Emergency Contact Details

Title: Mr ☐ Mrs ☐ Miss ☐ Other (please specify).....

Surname:.....

First Name:.....

Relationship to attendee:.....

Address if different from applicant:.....

..... Postcode:.....

Daytime contact no.:.....

Mobile:.....

Evening contact no.:.....

Email:.....

Medical Consent

To be completed by the parent/guardian if the attendee is less than 18 years of age

If it becomes necessary for your child to receive medical treatment and you cannot be contacted by telephone or any other means to authorise this, please sign below to indicate your consent for any necessary medical treatment and authorise the club leader (or in their absence one of the assistant leaders) to sign any document required by the hospital authorities.

Signed:.....

Date:.....

Activity Consent

To be completed by the parent/guardian if the attendee is less than 16 years of age

Is your child safety conscious in water? Yes ☐ No ☐ Is your child water competent in a pool? Yes ☐ No ☐

Is your child able to swim 50 metres? Yes ☐ No ☐ Is your child competent in the sea or in open inland water? Yes ☐ No ☐

If you do not want your child to take part in certain activities (see full details at www.bucpathfindercamporee.org.uk) please explain below
(NB The activity list may be added to at any time. Please see your club leader if you have any concerns):

Photography Consent

Video and photographs taken at the event may include your child. These images could be used to promote and report on this event in the media, in printed publications and online. Children will not be identified individually, but the club they attend may be named. Please advise your local club leader if the applicant should not be easily identified in any photos/videos.

Transportation Consent

The event organisers may organise off-site activities, and need to obtain your permission to transport your child to these activities. Modes of transport may include either a minibus/car/coach and the following principles will be adhered to:

- All drivers will have undertaken a DBS check
- Seat belts will be worn at all times by all occupants of the vehicle.
- Transport will be provided in vehicles that are roadworthy under UK law i.e. MOT and appropriate insurance etc.
- All minibus drivers are over 25 years of age and have held a full driving licence for at least 5 years

Insurance

Please tick this box to confirm that the attendee has been adequately insured (via the local club insurance) to attend the Camporee and take part in the activities.

Yes, the attendee has adequate insurance ☐

DBS Clearance (for club leaders, staff, assistants and helpers only. NB These DBS checks should be organised through your local church Disclosure Clerk)

I have been DBS cleared Yes ☐ No ☐

Please enter date of your most recent DBS check __/__/__

DBS: Certificate Number:.....

Parent /Guardian Consent

To be completed by the parent/guardian if the attendee is less than 18 years of age

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:.....

Print Name:.....

Relationship to child:.....