**WORDS OF LIFE BIBLE-TIME CAMP APPLICATION FORM 2019**

Please complete a separate form for each child wishing to attend Camp this year. You can download further copies at [www.wordsoflife.org.uk](http://www.wordsoflife.org.uk). Please return to jackson@wordsoflife.org.uk

Camper’s Name:

Camper’s Date of Birth:

Camper’s Address:

Postcode:

If possible, I would like to be in the same group as:
(Please note that this may not always be possible)

I am in the PBS**[ ]**  I attend the following Sunday School/Youth Group:
(This is for information only and not a requirement.)

Camper’s Mobile number:
(Campers do NOT need to have a mobile phone, but if they do it may be useful for us to have the number.)

To be completed by camper:
I agree to abide by all the Camp Rules and to take part in all the Camp activities. I realise I am responsible for my own belongings and will seek to be as helpful as I can while at Camp. (Please type your name in the box below.)

Camper’s Signature

To be completed by the parent or guardian:
The above named is fit to join in sports and games including swimming under supervision. I agree to notify the organisers in the event that my child is unable to attend Camp. I also authorise them to exercise all reasonable authority, care and control over my child during Camp and authorise them to seek medical attention for my child if it is deemed necessary whilst at Camp. I understand that travel to Camp, other than on the official minibus, is a private arrangement and I am responsible for my child until they reach Camp. (Please type your name in the box below.)

Parental Signature  Date

I will pay by cheque **[ ]**  BACS\***[ ]**

\* If paying by BACS please email jackson@wordsoflife.org.uk to notify us of the payment when it has been made, thanks.

Contact Telephone Numbers: (Home)  (Parents’ Mobile(s))

Parents’ Email Address(es)

Doctor’s name and address

Camper’s NHS Number:

Please indicate below any details that we should be aware of, including relevant information about your child's health and/or dietary needs, thank you.