

Camper's Details:

Please complete the form in BLACK INK, using BLOCK CAPITALS. Do not write outside of any of the black boxes. It takes a lot of effort to input the data from these forms; please make this as easy as possible by completing the form carefully and neatly. Please read all the instructions.

NAME:		DATE OF BIRTH:/...../.....
-------	--	----------------	-------------------

Which group are you in and who is the leader?

Please place a cross next to your Scout or Guide group; if it is not listed please write in the box provided;

GROUP NAME:	
LEADER NAME:	

What Activities do you want to do?

You need to choose three activities from each of the three groups below.
 Write "1" next to your first choice activity from that group (the activity you would most like to do from that group)
 Write "2" next to your second choice activity from that group (the activity you would most like to do from that group if you cannot do choice 1)
 Write "3" next to your third choice activity from that group (the activity you would most like to do from that group if you cannot do choice 1 or 2)

Activity Group 1	Activity Group 2	Activity Group 3
Archery	Animal Antics	Canoeing - *
Caving / All Terrain Boarding	Clubbersize	Fencing
Football Golf / Mini Golf	Mountain Biking	Rifle Shooting – Kinver - *
Sailing - *	Squash	Rifle Shooting – Aldesley - *
Tower Activities (Abseiling, Climbing, Crates & Zip	Trampolining	Tennis

Rugball ?

If you wish to play Rugball and you are part of a team in your group then indicate it below.
 If your group doesn't have enough players the tick the mixed from other groups box and we will find you a team.

Do you want to play Rugball?	
Enter the Team name from your group	
Mixed From Other groups?	

Consent & Health

Please provide the following information or Circle as applicable

Can you swim more than 50m?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Permission?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Activities marked with a star above require an additional consent form. Consent forms must accompany this application for if your child has put a number next to the selection above.
-----------------------------	--	-------------------	--	---

Please detail any allergies, disabilities or any other issues you feel the camp organisers should be aware of :-

Please detail any special dietary requirements and/or anything that you think the Catering Team will need to be aware of:-

SIGNATURES

Leader's Signature	We approve this application and are satisfied that the person named above is fit to take part in the proposed activities.	
	<input style="width:300px; height:25px;" type="text"/>	Date: <input style="width:100px; height:25px;" type="text"/>
Parent/Guardian's Signature	I hereby give my authority to the Scout/Guide leader or course organiser to authorise any emergency medical treatment which may be required. I accept that the camp organisers will be keeping information about my son's/daughter's membership of the Scout/Guide Movement for the purpose of organising the camp. I give explicit consent to the holding of information of my sons/daughter's health and/or disabilities, again for the purpose of organising the camp. Any of the information provided will not be passed to any third parties.	
	<input style="width:300px; height:25px;" type="text"/>	Date: <input style="width:100px; height:25px;" type="text"/>