

APPLICATION FORM

Shaheed Bhai Amrik Singh Memorial Gurmat Camp 2017
Guru Nanak Gurdwara, Willenhall



Name of child _____

Date of Birth _____ Age _____ Male Female

If your child is aged 8 to 11 years old will they be staying overnight Yes No

Name of Parent/Guardian _____

Relationship to Child _____

Postal Address _____

_____ Post Code _____

Email Address _____

Home Telephone No. _____

Emergency Telephone No. _____

Any Medical problems and _____

Medication (please provide _____

details) _____

Doctor's Name/Number _____

I hereby agree to the terms and conditions of the Camp as described below and on the attached leaflet. Please note that photographs will be taken during the Camp and may be used for publicity purposes.

Places are limited and forms will be accepted at the discretion of the organisers after this date. To ensure a place at the Camp please return this form AS SOON AS POSSIBLE as processing of forms begins on receipt. In the case of over subscription, the Organising Committee of the Camp reserve the right to refuse applications.

Signature: _____ Date: _____

Return to: Guru Nanak Gurdwara Willenhall, 65-67 Walsall Road, Willenhall, WV13 2RD

Consent to attend Shaheed Bhai Amrik Singh Memorial Gurmat Camp 2017

I would like to register my child(ren) with your scheme. I give permission for our child(ren) to have their photographs or video's of them taken in order to promote, market and publicise the camp.

I understand that although the camp staff are very supportive if our child(ren) behave in a way that puts themselves or others in a distressing or dangerous situation that he / she may be asked to leave the camp and should my son/daughter break the code of conduct I agree to support the organiser's implementation of appropriate disciplinary action

I understand that activities will take place on a number of different sites, both public and private, and consent for my child to take part in these and be transported between locations.

I agree for the organisers to take all reasonable steps to ensure that the rules, as detailed in the attached information leaflet, are adhered; including expulsion for repeated breaches of the rules if necessary.

In the event my child requires medical treatment or transportation for medical care, Shaheed Bhai Amrik Singh Memorial Gurmat Camp will attempt to contact me at the number(s) listed below. If they are unable to reach me, organisers may contact the designated emergency contact at the number(s) listed below. If the chaperones, volunteers, or other adult supervisors are unable to reach the designated emergency contact, I authorize them to take appropriate measures to provide care and treatment for my child, to transport my child to the nearest emergency room or physician's office, or to call an emergency paramedic ambulance service.

I will not hold Shaheed Bhai Amrik Singh Memorial Gurmat Camp organisers or accompanying volunteers responsible for any loss of personal effects, or money, incurred by my child during such trip where reasonable steps have been taken to safeguard such effects and money

Secondary Emergency Contact details (Please include details different to those on the application form):	Name: Address: Postcode:
Secondary Emergency Contact Number	

Signature: _____

Date: _____