



## SENIOR CAMPERS REUNION

**Saturday 25 June 2011, 10:30-3pm. Meeting at Cornwall Park, Epsom.**

We hope that your senior camper can join in the activities we have planned. In order for us to provide the best level of care while your child is under our supervision and in case of emergency, we require that you fill out and return the form below. This form can be given to leaders at the meeting point on Saturday. The information provided below will be treated confidentially within our team.

Many thanks.

### REGISTRATION FORM

#### PERSONAL CONTACT DETAILS

Child's Given name

Surname

Male /Female

Date of Birth

Address

Do you consent to the appropriate use by us of photographs taken on the program that include your child?  
(For example, inclusion in the Anglican magazine, in our brochure or on our web page.) Yes / No

#### SAFETY AND CARE DETAILS

In the case of an emergency, please list the phone numbers where you and another trusted adult may be contacted during the course of the program.

**Name**

**Relationship to the child**

**Phone numbers / site details**

Are there any medical or psychological conditions which require special attention that we should know about e.g. diabetes, asthma, allergy to bee-sting, other allergies including food, hearing or sight impairment, ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

Who will collect your child at the end of the program? Please nominate either yourself or another trusted adult:

#### Your Agreement With Us

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of my child, there is still a risk that an accident may occur.

Name of Caregiver

Signature of Caregiver

Date

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**Level:** Team Leader

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