

ST.WERBURGH'S CITY FARM SUMMER CAMP REGISTRATION FORM

Additional forms can be downloaded at www.swcityfarm.org.uk. Please either email your form to youth@swcityfarm.co.uk or mail it to St.Werburghs City Farm, Watercress Road, Bristol, BS29YJ. Attn: Victoria Siddle-Virok. You can also fax it to 0117 942 1919.

Please use one form per camper and send a cheque for £125 with this form.

GENERAL INFORMATION

Camper Name _____ Gender: M F
Birthdate _____ Age _____ School Yr in Sept _____
School Name _____
Parent/Guardian Name _____
Address _____
City _____ County _____ Postcode _____
Preferred Phone _____ Alternate Phone _____
Email Address _____

How did you hear about St.Werburghs City Farm Summer Camp _____

Buddy Request (Your child can request to be in the same group with one friend)

Name: _____

PAYMENT DETAILS

We are only able to receive payments via cheque. Please make cheques payable to St.Werburghs City Farm for £125 and send it along with your registration form. We are unable to register children without payment.

REGISTRATION

Please indicate below which of the sessions you are registering for

Mon Aug 3rd to Fri Aug 7th Please register me for this week _____

Mon Aug 10th to Fri Aug 14th Please register me for this week _____

Mon Aug 17th to Fri Aug 21st Please register me for this week _____

If you decide to cancel your Summer Camp place, for a full refund, please do so one calendar month prior to your child's start date. After this time we will retain 50% of the fee.

MEDICAL INFORMATION

Doctor/Healthcare Facility _____ Phone _____

Please tick if applicable; list duration, treatment, and/or restrictions.

Pertinent Medical History

_____ Diabetes _____
_____ Asthma _____
_____ Heart trouble _____
_____ Bleeding/clotting disorders _____
_____ Other _____

Allergies

_____ Bee stings _____
_____ Medications _____
_____ Food or Drink _____
_____ Other _____

Date of last tetanus booster _____

Please list Medication (over the counter and prescription) _____

Emotional, behavioural, or learning disabilities: _____

Restriction on physical activity: _____

PICK UP AUTHORISATION AND EMERGENCY CONTACT

Please list below all the people who are authorised to pick up your child (do not forget to include yourself). **Please remember to bring i.d with you when you collect your child. You will be asked for it every day.** We also request that you assign a password to your pick up authorisation. Each person listed below will need to know it.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PASSWORD

EMERGENCY CONTACT INFORMATION

Name _____ relationship _____
Home# _____ Work# _____ Mobile# _____

Name _____ relationship _____
Home# _____ Work# _____ Mobile# _____

AUTHORISATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN

I agree the above information is correct to the best of my knowledge, and I authorise St. Werburghs City Farm to consent to any X-ray, examination, anaesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician or dentist. For minor illnesses or injuries, I understand that St. Werburghs City Farm will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, St. Werburghs City Farm will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorisation remains in full force and effect.

I authorise St. Werburghs City Farm staff who have received first aid at work training to administer first aid and administer campers prescription medication as prescribed by a physician.

Signature of parent/Guardian _____ **Date** _____