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| **OFFICIAL USE ONLY** |  |
| Paid |  |
| Method |  |
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| Initials |  |



**APPLICATION FORM**

**summer (8th to 12th AUGUST 2022)**

**Boys & girls aged 12-16**
How did you hear about the Fettes Active Outdoor Pursuits and Leadership Camp?

What does your child hope to achieve during this camp?

**Child’s details**

First name

Preferred name

Surname

Date of birth

Gender

Age at time of camp

Address

Postcode

School attending

Full name of parent/carer

Home telephone

Mobile

Email

Please provide emergency contact details of a person other than the named parent/carer

Name

Relation to child

Home telephone

Mobile

How will your child arrive at and depart from the camp each day? Please delete as appropriate.

(Someone will drop them off and pick them up / They will arrive and depart on their own)

Notes

Please provide the name and contact number of any person who will bring or collect the child to/from the Fettes Active Outdoor Pursuits and Leadership Camp not already mentioned on this form.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number

I give permission for the named contacts on this form to collect the named child on my behalf.

Parent/carer signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

**Medical Details**

Doctor’s name

Doctor’s address

Doctor’s telephone

**Additional Information**

Please provide information regarding any known medical conditions (e.g. allergies/asthma) or additional support needs (e.g. dyslexia/ADHD/anxiety/autism) that will help our staff deliver the best experience for your child. Please also state any medication your child is currently taking.

**dietary requirements**

As we will be cooking at least once on the camp, please provide information about any dietary requirements your child may have (e.g. vegetarian, vegan, food allergies)

**Medical Authorisation**

As parent/carer, I hereby give permission in my absence and only in an emergency for the Fettes Active Outdoor Pursuits and Leadership Camp staff to authorise any necessary medical treatment required for my child.

Name Relationship to child

Signature Date

**Child - 12 Years old and above consent**

If you are 12 years old or above, we require your consent for the use of images and videos taken of you during the Fettes Active Outdoor Pursuits and Leadership Camp to be used for marketing and advertising purposes. For example, brochures, blogs, websites, social media and presentations.

Please tick one of the boxes below.

|  |  |
| --- | --- |
| I give consent |  |
| I do not give consent |  |

Name \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_