



Summer Camp Application Form

(Can also be used for Weekend Camps)

Camp Applied for:

Please attach a passport type photograph on the reverse of this form

Name:

Address:

Post Code:

Tel No:

Parents
Mobile No:

Email Address:

(To acknowledge receipt of Application)

Age (at camp):

D.O.B:

Height:

 ft. in.

Colour of Eyes:

School:

Form/Year (Now):

No. of times at Struan before:

Date of Application:

How did you hear about the SSC?

I wish to be in the same tent as:

(Maximum 2 names, mutual choice please)

Travel by bus from:

(We will do our best, but cannot guarantee transport from all areas)

Method of Travel if not coming by bus:

At the end of each camp we give campers a list of contact details of everyone attending camp, i.e. name, address and telephone number. If you do not wish to share your details with others attending, please tick the box.

Please ask your parent/guardian to complete and sign the consent form overleaf.

Parent/Guardian Consent Form

Name of Camper:

Experienced voluntary staff supervise all activities. Are there any activities, which you would prefer your son/daughter did NOT take part (e.g. Hill walking, water sports, rock climbing)?

Does your son/daughter require a special diet (give details)?

Does your son/daughter have any condition requiring special treatment or medicine?

If yes, give details:

Is your son/daughter allergic to anything including medication (give details)?

Can your son/daughter swim?

Has your son/daughter received a tetanus injection in the last 10 years?

Name, address and telephone number of family doctor:

Tel No:

Please give an alternative address and telephone number through which you can be contacted whilst your son/daughter is in our care? (i.e. grandparent, aunt/uncle, neighbour etc.)

Tel No:

I give permission for _____ to attend SSC camp and participate in activities other than those specified above. I agree to him/her receiving emergency medical treatment and that the SSC leader present may authorise the use of anaesthetic as considered necessary by the medical authority.

Signed (Parent/Guardian): _____ Date: ____/____/____

PRINT (Parent/Guardian Name): _____

Reminder! Have you completed both sides of the form and enclosed:

Camp Fee/Deposit

Bus Fare if applicable

Total

Office use only:

Photograph must accompany your Application

Please clip or staple photograph here

Please make cheques payable to "SSC"

The balance of the camp fee can be paid in installments by bankers order.

Please tick box if you would like us to send you a form for this purpose.