



Plymouth Diocese 2017

Catechetical Summer Camps

APPLICATION TO ATTEND THE CAMPS **AT GRANGEHURST, BUCKFAST ABBEY, TQ11 0EE**

Please tick which camp you are applying for:

SENIOR CAMP (Years 7 - 10) July 30 th - August 4 th	<input type="checkbox"/>	St PETROC CAMP (Year 11 - 12) July 30 th - August 4 th	<input type="checkbox"/>	JUNIOR CAMP (Years 3 - 6) August 6 th - 11 th	<input type="checkbox"/>
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FIRST NAME: SURNAME:

ADDRESS:

POSTCODE:

TELEPHONE NUMBERS:

EMAIL:

BOY GIRL

DATE OF BIRTH:

NAME OF PARISH

NAME OF PARISH PRIEST

NAME OF SCHOOL:

SCHOOL YEAR: 3 4 5 6 7 8 9 10 11 12
(During 2014-15 School Year)

Which of the following sacraments will he/she have received by the date of camp?
Baptism First Reconciliation First Eucharist Confirmation

Confidential Information

Important:

It is essential for the Campers' sake and for our care of them that this section is accurately completed. It will not bar them from coming to Camp.

Health Details

Medication:	
Reason for taking:	
Allergies:	Aspirin <input type="checkbox"/> Penicillin <input type="checkbox"/> Nut <input type="checkbox"/>
	Other <input type="checkbox"/> (please specify):

All medication must be clearly marked with name of the Camper and the dosage, and must be handed to the First Aider on arrival at Camp, which will give you an opportunity to discuss any issues with the First Aider.

Special Needs

Dietary	<i>Please indicate if your applicant has any special dietary needs.</i>
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We do our best to accommodate those with special needs but we do need to ensure that the venue is suitable and adequate support is provided.

Does your child have any special needs ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please indicate type:	Learning <input type="checkbox"/> Physical <input type="checkbox"/> Behaviour <input type="checkbox"/>
Please give details:	

Please give any other helpful information about your child, eg first language, bedwetting

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Permissions

Please indicate below whether or not you give permission for various activities involved in camp. Please sign at the bottom to confirm your selection.

Photographs	I agree to photographs of my son/daughter being taken during camp. These may be displayed and may be published in the Diocesan Year Book and local Catholic press. <i>At no time will individuals be identified in any material using photographs.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I agree that any photographs of my son/daughter may be published on the Camp website and in Camp promotional material.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Films/DVD	Do you give permission for your son/daughter to view : A category PG Film - for Junior Camp A category 12A Film - for Senior Camp	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Outside Visits	It is possible that there may be an opportunity for a supervised walk off -site during the camp. Please tick to give permission for your son/daughter to go off site.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	To visit the Abbey, it is necessary to leave the grounds of Grangehurst and cross a residential street before entering the Abbey grounds. Please tick to give permission for your son/daughter to visit the Abbey	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication	ONLY IN THE CASE OF HEADACHES , please tick to give permission to administer CALPOL or PARACETAMOL. For all other incidents where these maybe administered, the Camp Leader will call the emergency contact BEFORE administering the medication to gain consent.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Data Protection	The details submitted on this form will be retained on our database and will, with your permission, be used in distributing information of future events in the diocese. Please tick the "Yes" box if you are happy for your data to be used.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergencies

In order to ensure that emergencies are dealt with speedily and efficiently, it is important that the Leader, in the interests of the child has parental permission to act on their behalf.

Emergency Contact name :	Relationship:
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Emergency Telephone no. including code:	Father: Mother: Other (specify relationship):
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Mobile Phone Number:	Father: Mother: Other (specify relationship):
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Doctor's name and address :	
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I authorise the Leader of the camp or any senior member of staff with the authority of the Leader to consent to such medical or dental treatment, including vaccinations, surgery or blood transfusions, which in the opinion of a medical practitioner may be necessary for my child. I give permission for the activities indicated in the "permissions" section

Signed :		Dated :	
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Transport

Transport: How will the applicant get to and from the camp?

He/She will be brought to camp by...

Name:

Contact telephone Number:

He/she will be collected from camp by...

Name:

Contact telephone Number:

The cost of the camp is £140 for each camper. No child need miss out because of financial difficulties. Please talk to your parish priest or parish finance representative if assistance is required, as the parish may be able to assist with the fees. As places are limited and to avoid disappointment, you may wish to secure a place for your child with a non-refundable deposit of £40 immediately.

The balance of £100 must then be received by 30th June.

Please return form immediately

Please note: Applications will close on 11th July 2017.

but may close earlier if all places are filled.

TOGETHER WITH YOUR NON_RETURNABLE DEPOSIT OF £40, OR THE TOTAL PAYMENT

OF £140 AND A STAMPED ADDRESSED ENVELOPE TO THE ADDRESS BELOW:

Cheques to be made payable to:- PRC DTR Catechetical Camps

If there are any problems cheques may be post-dated up to 30th June 2017

SUSANNE KOWAL
5, Old Paignton Road
Livermead,
Torquay,
TQ2 6UX

E-mail: susanne.kowal@gmail.com

Telephone: 01803-606256

Early application is advised. Places will be allocated from 1st May 2017.

CHECK LIST I have enclosed:

APPLICATION FORM FEE STAMPED ADDRESSED ENVELOPE

If you wish to add a donation to your fee, this would help us to provide places for those in financial difficulties.