

Complete the booking form below and send it with full payment and EITHER a correspondence email in the parents/guardian section of the booking form OR 2 stamped addressed envelopes (SAE) to:

CW Camps, 54 Kirton Close, Llandaff, Cardiff, CF5 2NB

Cheque's should be made payable to: **Christian Worship Publishing Trust**

Please note complete bookings are taken on a first come first served basis. Please ensure you **FULLY** complete ALL sections of the booking form. Booking opens on 27th March 2019 and closes on 19th August 2019, or when camps are full. You will receive an email/letter confirming your place on camp.

Booking Form 2019

PLEASE USE CAPITAL LETTERS

Name:.....

Address:.....

.....

..... Gender: M / F

Telephone:.....

Email:

Date of birth: Age at camp.....

Parent Church:.....

Camp Choice:

Chepstow Cardiff Staying at Liberty House

Camper (18+) or Parent/Guardian (10-17) Declaration:

I give my permission for
to attend and take part in CW Camps 19 at Chepstow /
Cardiff.

Please tick all those below that you consent to:

I understand that I/he/she will be in the control and care of the CW Camp leaders and other adults approved by CW Camp leaders, and that, while the CW Camp leaders in charge of the group will take all reasonable care of me/my child, they cannot necessarily be held responsible for any loss, damage or injury suffered by myself/my child, during or as a result of camp.

I give my permission for any photos or videos taken of me/my child at the camp, can be used for future CW Camps literature and publications.

In an emergency, I give permission for myself/my child to receive necessary medical treatment.

Signed:.....

Date:.....

Christian Worship Publishing Trust is committed to protecting the rights and privacy of those involved with the Trust in any way. Camps data is used only for administrative purposes and for future contact about Camps and related events.

Parent / Guardian or Emergency Contact

Name:.....

Relationship:.....

Telephone:.....

Mobile:

Correspondence Email:

.....

Name of GP:.....

Address of GP:

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.....

.....

Please circle answer:

Do you / does your child suffer from any illness or have a disability? YES / NO

Do you / does your child have any allergies (including those to medication) or special dietary requirements? YES / NO

Do you / does your child need regular medication (including inhaler/epipen)? YES / NO

Do you / does your child have any learning, behavioural or social needs? YES / NO

Are you / is your child a weak or non-swimmer? YES / NO

If you have answered 'Yes' to any of the above questions, then please provide more detail on the 'MED2 Form' that can be found on the website.

Alternatively, please email us and we can email you the form.

 www.christian-worship.org.uk/camps



CW 2019
CAMPS

Where can I get more info?

 www.christian-worship.org.uk/camps

 camps@christian-worship.org.uk

 @cw_camps

 Christian Worship Camps