



# TED Pathfinder Camporee APPLICATION FORM

Please attach or paste in a recent passport-sized photo

- Pathfinder (10-15 yrs)    Rover (16-19 yrs)    Club Leader/ Country Staff
- Staff Children

### **Attendee Details**

Male  Female  Surname:..... First Name(s):.....

Date of Birth(dd/mm/yy): \_\_/\_\_/\_\_\_\_ Age at Camporee:..... **T-shirt size** (XS / S / M / L / XL / XXL / XXXL)

Mobile:..... Email:.....

Union.....Conference..... Club/Church.....

### **Camporee Registration Fee** The Camporee Fee is £120

- Registrations with payment to be received by **30 April 2019**. Payments are non-refundable (except for declined visas) after this date.
- No refund for cancellation due to illness. Financial loss is to be claimed through individual's Travel Insurance. Replacements will be accepted until 30 June 2019

### **Health Information**

Name of Family Doctor:..... Telephone:.....

Dr Surgery Name & Address:.....

Please tick if you have had any of the following:

Heart Trouble  Asthma  Epilepsy  Diabetes  Skin Conditions

Travel Sickness  Fainting Spells  Bed-wetting  **Date of last Tetanus inoculation** \_\_/\_\_/\_\_

Please give details of any current / past illnesses or medical conditions of which we should be aware (please continue on another sheet of paper if necessary)

Are you taking any medication (including any for asthma or allergies)? **Yes**  **No**

Please give name of drug and dosage details. Any medicines required during the trip should be clearly labelled with the name and exact dosage details and should be handed to the leader (if under 18).

Do you have any known allergies (e.g. to vaccines, medicines etc) – if yes, please give details **Yes**  **No**

Please specify any serious food intolerances/allergies (not preferences). *Please note that all food will be vegetarian*

Please specify any behavioural challenges which organisers need to be aware of:.....

### **Emergency Contact Details**

Title: Mr  Mrs  Ms  Other (please specify)..... Relationship to Attendee:.....

Surname:..... First Name:.....

Daytime contact Nr.:..... Mobile:.....

### **Medical Consent**

*(To be completed by the parent/guardian if the attendee is less than 18 years of age)*

If it becomes necessary for your child to receive medical treatment and you cannot be contacted by telephone or any other means to authorise this, please sign below to indicate your consent for any necessary medical treatment and authorise the event leader (or in their absence one of the assistant leaders) to sign any document required by the hospital authorities.

Signature:.....

Date:.....

**Activity Consent** (To be completed by the parent/guardian if the attendee is less than 18 years of age)

Name of Attendee:.....

Union:.....

Is your child safety conscious in water? Yes  No  Is your child water competent in a pool? Yes  No   
Is your child able to swim 50 metres? Yes  No  Is your child competent in open inland water? Yes  No

All activities will be listed on the Camporee website: [www.camporee.net](http://www.camporee.net) by Spring 2019

If you do not want your child to take part in certain activities, please put this in writing to your club leader.

**Photography Consent**

Current regulations relating to Child Protection issues and taking photographs/videos of young people require that we obtain your consent for any picture taken that includes your son/daughter and which is used in either video or printed publication. Children will not be identified individually, but the club they attend may be named. Please tick here to indicate your consent

**Insurance** (All participants must be covered by insurance). Please tick to indicate your consent.

- I understand that it is the responsibility of the participants to arrange the necessary Health and Travel Insurance
- I will present copies of my Insurance documentation to my Club Leader
- I have an EHIC (European Health Insurance Card) – European participants only

**DBS/Police Clearance** (Required by British Law for anyone 18+ staying on site)

Current regulations in UK require all Adults 18 + to provide a details of a current DBS/Police clearance certificate

I have been DBS/Police cleared Yes  No  Please enter date of your most recent DBS/Police check \_\_\_/\_\_\_/\_\_\_

DBS Certificate Number/Police Clearance Nr :.....

**Parent /Guardian Consent** (To be completed by the parent/guardian if the attendee is less than 18 years of age)

I give permission for my child to attend this event and to take part in the activities arranged, unless specified. I agree to notify the leaders should there be any change to the information given.

Signature: ..... Date: .....

I confirm that all the information provided in this form is correct. To be signed by applicants 18 years of age and above

Signature: ..... Date: .....

**TO REGISTER FOR THE CAMPOREE:**

- Please ensure your application is fully completed and all the relevant parts are signed.
- Registration forms are to be submitted by clubs to the Union, Conference or Mission Pathfinder/Youth Director including the Camporee fee of £120

The TED Youth Ministries Department collects and processes information on all people who attend our events. This information is collected on the basis of consent and is used for the essential purposes of running the event, which may include: sending reminders, recording attendance, confirming the payment of fees, ensuring safeguarding, and providing additional services, including pastoral support. Personal information collected for a specific event will be retained for up to two years and may be used to promote future events.

Individuals have the right to ask to see any information held about them by the TED Youth Ministries department by submitting a 'Subject Access Request' to the secretary. They have the right to ask for information which they believe to be incorrect to be rectified, and, in some circumstances to have all of their information removed.

To improve the services offered, the TED Youth department may share personal data with third parties, but only within the Seventh-day Adventist Church system.

I agree to support all activities and to respect the philosophy of the Seventh-day Adventist Church whilst attending this event.

My response:

- I agree to the statements above and consent appropriately
- I do not agree to the statements above and do not give my permission (note that we will not be able to process your application if you choose this option).

Signature: ..... Date: .....

**Compliance to the GDPR and DBS/police checks are required. British Union hosts will not be held responsible in the event of an incident of this nature concerning the Pathfinder Camporee organised by the Trans-European Division.**