



Greenfield Camp

Booking form

23-25 May 2020

Please post this completed booking form (and the Consent Form) direct to:

Mrs. Judith Gurney
Meadow Bank, 4 New Row
Darley Road, Birstwith
Harrogate. HG3 2NH

**Please return this form before the
booking deadline of 17/05/20.
Spaces are limited so book early
to avoid disappointment**

Please complete a separate booking form and Medical Consent form for each child.



c/o Meadow Bank
4 New Row
Darley Road
Birstwith
Harrogate
HG3 2NH

Greenfield Camp 2020

Dear Parent/Guardian,

Preparations are now underway for the 2020 Greenfield Camp. As last year it will be held at Low House Farm, Aldborough, from 23rd to 25th May 2020 (Bank Holiday weekend).

The camp will be under canvas, and includes a packed programme of interest groups, fun and games and Bible teaching. As this is a Christian camp, we will have meetings in the big tent and small group times during which your child will be taught from the Bible and be encouraged to engage in discussions on Christian topics.

Further Information:

- Greenfield Camp is for children at primary school aged 7 or over
- Approximately 30-40 experienced leaders with regular youth work and camp experience run the camp. From churches in the Harrogate and York area, they come from a variety of backgrounds including medical, practical and professional.
- Personal and public liability insurance is provided by the National Young Life Holidays (details available on request).
- We have a Safeguarding Policy and have undertaken a full Risk Assessment for the camp.
- During the Camp photographs/videos will be taken. We would like to use some of them to promote the camp. We will seek your permission to do this.
- We have a Privacy Policy which can be found at <http://younglife.org.uk/about-yl/>
- For the safety and welfare of the children at least two leaders will be allocated to each of the campers' tents and will sleep in the tent overnight
- More information regarding what the children will need to take with them can be found on our website. (A hard copy can be sent on request). To secure a place a booking form will need to be completed and returned to us together with a medical consent form.

If you need any further information please contact Judith Gurney on 01423 772239 or the.gurneys@talktalk.net

Yours faithfully,

The Greenfield Camp Committee

Greenfield Camp - Booking and Consent Form

23rd - 25th May 2020

To be completed by someone with parental authority

Child's Name _____

Date of birth _____ Age _____ Gender Male Female

Address _____

Postcode _____

Sunday School/Youth club attended (if any) _____

➤ Name of leader (if known) _____

The cost of the camp is £32. (£28 for second or subsequent child from the same family).

I enclose a cheque made payable to Greenfield Bible Camp

I will pay by BACS (Sort Code: 40-23-12; Account No: 21210076; Bank: HSBC)
(If paying by BACS please use child's name as a reference)

- Do you consent for your son/daughter to come under the authority of the camp leaders as they seek to uphold the rules of the camp? Yes/No
- Do you consent for your son/daughter to be photographed/filmed and such images used/shared as described in the accompanying letter? Yes/No
- You have been made aware of YL's Privacy Policy. Do you consent to the data you have provided to YL being held and processed by YL? Yes/No

Emergency contacts

Name 1: _____ Name 2: _____

Mobile: _____ Mobile: _____

Home phone: _____ Home phone: _____

Address: _____ Address: _____

Medical Information (please attach separate sheet if you need more space)

Name of GP:

GP phone no:

Full address of GP (including postcode):

-
- | | |
|--|----------|
| • Does your child have any medical, physical, emotional, behavioural problems or school based educational needs (i.e. Statement/IEP/PSP)? (If so, please give details below) | Yes / No |
|--|----------|

-
- | | |
|--|----------|
| • Does your child take any medication? (If so, please give details below, including dosages) | Yes / No |
|--|----------|

Please note – **ALL** medication is to be labelled and handed in (apart from asthma inhalers). We request that only prescription medicines be brought to camp. First aid will be available.

-
- | | |
|--|----------|
| • Do you consent for your child to receive (if necessary)? | |
| ➤ Paracetamol | Yes / No |
| ➤ Ibuprofen (Nurofen / Brufen) | Yes / No |
| ➤ Plasters / dressings / tubigrip | Yes / No |

-
- | | |
|--|----------|
| • Does your child have any allergies? (If so, please give details below) | Yes / No |
|--|----------|

-
- | | | |
|-------------------------|--|--------|
| • Date of last tetanus: | Are you child's vaccinations up to date? | Yes/No |
|-------------------------|--|--------|

-
- | | |
|---|--------|
| • Does your child have any special dietary requirements? (If so, please give details below) | Yes/No |
|---|--------|

Authorisation

- In the event of illness or accident requiring emergency hospital treatment, I authorise the camp leader to sign on my behalf any written form or consent required by the hospital authorities.
- In the unlikely event of an accident or an illness during camp which needs immediate treatment I agree to my child receiving first aid and medical treatment from qualified practitioners.
- I confirm that all the information I have given in this form is correct and undertake to inform the leaders as soon as possible if, before the camp, there are any changes in any of the information I have given in this form.

Signature:

Date:

Name:

Relationship to child: