



# Plymouth Diocese 2018

## 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 29 <sup>th</sup> - August 3 <sup>rd</sup>	<input type="checkbox"/>	St PETROC CAMP (Year 11 - 12) July 29 <sup>th</sup> - August 3 <sup>rd</sup>	<input type="checkbox"/>	JUNIOR CAMP (Years 3 - 6) August 5 <sup>th</sup> - 10 <sup>th</sup>	<input type="checkbox"/>
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FIRST NAME:		SURNAME:	
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ADDRESS:	
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POSTCODE:	
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TELEPHONE NUMBERS:	
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EMAIL:	Please ensure this is an adult's email suitable for contact prior to Camp
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BOY <input type="checkbox"/>	GIRL <input type="checkbox"/>
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DATE OF BIRTH:	
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NAME OF PARISH	
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NAME OF PARISH PRIEST	
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NAME OF SCHOOL:	
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SCHOOL YEAR: (During 2017-18 School Year)	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
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Which of the following sacraments will he/she have received by the date of camp? Baptism <input type="checkbox"/> First Reconciliation <input type="checkbox"/> First Eucharist <input type="checkbox"/> Confirmation <input type="checkbox"/>
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## 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  Penicillin  Nut

Other  (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

*Please indicate if your applicant has any special dietary needs.*

***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  No

If YES, please indicate type:

Learning  Physical  Behaviour

Please give details:

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

## 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 and Social Media	I agree to photographs of my son/daughter being taken during camp.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	I agree that 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/Facebook 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 : <b>A category PG Film</b> - for Junior Camp <b>A category 12A Film</b> - 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	<b>ONLY IN THE CASE OF HEADACHES</b> , 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 £160 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 £120 must then be received by 30th June 2018.

### **Please return form immediately**

**Please note: Applications will close on 14<sup>th</sup> July 2018. but may close earlier if all places are filled.**

**TOGETHER WITH YOUR NON-RETURNABLE DEPOSIT OF £40, OR THE TOTAL PAYMENT OF £160 AND A STAMPED ADDRESSED ENVELOPE TO THE ADDRESS BELOW:**

***Cheques to be made payable to:- PRCDTR Catechetical Camps***

***If there are any problems, cheques may be post-dated up to 30th June 2018***

***BANK TRANSFER Payments are possible:***

***Bank: NATWEST    Sort Code: 56-00-63    Account No.: 17006635***

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

E-mail: [susanne.kowal@gmail.com](mailto:susanne.kowal@gmail.com)

**Telephone: 01803-606256**

***Early application is advised. Places will be allocated from 1<sup>st</sup> June 2018.***

**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.*