



Vertical Perspective Camp Application Form One application form for each camper

Dear Parent or Guardian,

Your child is going to Camp with **Vertical Perspective** (a ministry of Mallow Bible Fellowship) at Drewstown House near Dublin. Please read the information at the top of this form, then sign and return the permission slip at the bottom of this form by 15 July 2018.

Camp Information:

Date: 15-20 July 2018

Location: Camp Drewstown House, Fordstown, Navan, Co. Meath, Ireland

Purpose: To meet new teens, have an adventure of a life time and to be challenged physically and spiritually.

Cost: €140 per camper. Families with two or more campers attending will qualify for assistance (please contact John for more information 085-875-4044). Also a camper that brings four or more teens paying at full price may attend the camp for free.

Cash (do not Post cash) or cheque payable to: Mallow Bible Fellowship

Means of Transportation: Bus

Leave: On 15 July at 3pm from Mallow Youth Centre next to the swimming pool.
Arrive back: On 20 July at 5pm (+ or -) to the Mallow Youth Centre.

Special Instructions: Please check Campers Packing list, health history form and permission to administer medication(s) form.

CAMP RULES

All campers are expected to attend ALL camp activities. Campers are not to leave the camp premises at any time unless accompanied by a camp leader. Smoking, alcohol, and drugs are not allowed at camp—AT ALL! Campers must remain in their rooms at night during the hours laid down. At ALL times, sleeping and wash areas for members of the opposite sex are out of bounds. Mobile phones or devices with wifi abilities will be given to the camp leaders once campers have arrived at the camp. Camp leaders will keep the mobile phones and other devices for the duration of the camp and will be given to the camper during camp only for emergency situations. All devices will be returned to the camper at the end of camp.



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Camper Name: _____ Parent/Guardian email: _____
 Address: _____ Home phone: _____
 _____ Parents mobile: _____
 Campers mobile: _____ Parent/Guardian signature(block letters) _____
 Camper date of birth: _____(dd/mm/yy) _____

MEDICAL DETAILS

Doctor's name: _____ Doctor's phone no: _____
 Emergency contact (if you are unreachable): _____
 Emergency mobile no: _____

Do you have any dietary or medical conditions such as allergies, asthma, or any other special needs?

Yes ___ No ___

If the answer is yes, we will provide you with a detailed medical form for completion and your immediate return.

Have you been vaccinated against tetanus? Yes ___ No ___

If yes,, please give an approximate date: _____ (dd/mm/yy)

I, _____ have read, understand and agree to adhere to the camp rules.

Camper Signature

CAMPERS under 18 must have the following completed by a parent or guardian:

I give permission for my son/daughter/camper: (Please initial Do Not Tick)

To attend camp

Yes ___ No ___

To be given paracetamol, cough medicine, etc. if required.

Yes ___ No ___

To be in official photographs or videos taken at camp events.

Yes ___ No ___

To travel either in privately owned vehicles or organised transport.

Yes ___ No ___

 Name of Parent/Guardian (Block Capitals)

 Signature of Parent/Guardian and date



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FOR THE PARENT OR GUARDIAN:

Please **INITIAL** (not a tick mark) the following:

The camp director/leader, has my permission to take my child to the local surgery or the hospital if the need arises. If medical attention is required, the camp director/leader will make every attempt to contact you.

YES_____

NO_____

I understand that if the camp has any major problem with my child, I will take full responsibility, and if called to come collect them, I will do so.

Yes_____

NO_____