



SEC Pathfinder Camporee Application Form 14th-20th August 2017



Cost: £150 per Pathfinder. 2nd Pathfinder in a family £140 3rd Pathfinder & thereafter £130 £75 per Adult attending Pathfinder Camporee only. Adults attending both Camps £100. £40 per Conference Staff Leading Activities (Attending Pathfinder Camp only) Both Camps £50 Late fee - additional £10 per person

Deadline for Initial Applications and Deposit 31st March 2017

Deadline for FINAL Applications and full payment: 15th May 2017

NB - All applications should be received by the SEC Pathfinder Department, with payment no later than 15th May 2017. Please note there will be no refunds after the deadline date.

(All payments made after the deadline date 15th May will incur a penalty charge of £10 making the cost £160 and £85 and £50 respectively)

Club Name: _____

Tick One Box: Club Staff Pathfinder SEC Camporee Staff

Attendee Details

Title: Mr./ Mrs./ Miss/ Others (please specify) First Name: _____ Surname: _____

Date of birth: ____/____/____ Age: _____

Address _____ Postcode: _____

Photography Consent

The Data Protection Act 1998 requires that we obtain your consent for images taken of your son/daughter (under 18's) which are used in either video or printed material. Only first names will be used and/or the name of the club which they are a member.

Please sign here to indicate your consent: _____

Transportation Consent

The event organizers may organize off-site activities, and need to obtain your permission to transport your child to these activities. This transport may include minibus/car/coach and the following principles will be adhered to: A) All drivers will be DBS cleared B) Transport will be provided in vehicles that are roadworthy under UK law. C) All minibus drivers are over 25 years of age. D) Seatbelts will be worn at all times by all occupants of the vehicle.

Please sign here to indicate your consent: _____

Club Staff Members and SEC Camporee Staff only (i.e. all over 16 years old)

Disclosure and Barring Service Certificate Number: _____

Every person over 16 by law must have a DBS certificate pertaining to Adventurers/Pathfinders, done through the SEC, dated within three years of the event end date. Without this the person will not be allowed to attend.

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

Name: _____ Date: ____/____/____ Signed: _____

If Club staff or SEC Staff and will be attending both Camporees please tick



SEC Pathfinder Camporee Medical Form



Club name: _____

Attendee Details:

Surname.....

First Name.....

Address.....

.....Postcode.....

Health Information:

Name of Family Doctor.....

Telephone:.....

GP Surgery Address:.....

Please tick if you have/have had any of the following:

- | | | | |
|--|---------------------------------------|---|-------------------------------------|
| Rheumatic Fever-- <input type="checkbox"/> | Hay Fever -- <input type="checkbox"/> | Travel Sickness -- <input type="checkbox"/> | Asthma - <input type="checkbox"/> |
| Heart Trouble -- <input type="checkbox"/> | Epilepsy - <input type="checkbox"/> | Fainting Spells -- <input type="checkbox"/> | Hernias -- <input type="checkbox"/> |
| Kidney Disease -- <input type="checkbox"/> | Diabetes -- <input type="checkbox"/> | | |

Date of Last tetanus injection ___/___/___

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

Are you taking any kind of medication? Yes / No

If yes please give name of drug and dosage details.

Any medicines required during the camp should be clearly labelled with the name and exact dosage details (and should be handed to the club leader before departure, if under 18)

Do you have any known allergies (e.g. to foods, medicines, vaccines, etc.)

If yes, please give details,

Are there any behavioural challenges that the organisers should be aware of? Yes/No

If Yes please specify.

Do you have any disabilities that the organisers should be aware of? Yes/No

If Yes please specify. (e.g. Deaf, blind, visually impaired, autistic, Asperger's etc.)

Emergency Contact Details

Title.....First Name..... Surname.....

Relationship to attendee.....

Address if different from attendee.....

.....Postcode.....

Daytime Contact No.....Evening Contact.....

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

To be completed and signed by parent/guardian if attendee is under 18 years of age.

Name: _____ Date: ____/____/____ Signed: _____