

Teen Ranch reservation, registration and consent form
Friday 20th August to Sunday 22nd August 2010
Kidz Klub Strathearn

The cost is £84 per camper and includes: all meals, accommodation, activities and transport from Crieff via Auchterarder to Teen Ranch and back. For families with more than one child attending the same weekend a small discount is offered, i.e. 2nd Child £80, 3rd Child £75.

We enclose deposit of £ (being £10 min per camper) made out to Kidz Klub Strathearn. Instalments of any amount can be made anytime, preferably posting a cheque, and writing child's name on the back. The balance is due by 31st May 2010.

Please use block capitals

Part 1: CHILD'S DETAILS (One Form per Camper)

Important: Part 1 can be completed by Parent/Carer but Part 2 can only be completed by those with parental responsibility (this does not include a foster carer).

First Name: Surname:

Age (at Aug 2010): School year (at Aug 2010): D.O.B:

House name/number:

Street:

Town: Postcode:

Mother/Partner Name:

Your relationship to child listed above:

Mother's Home Phone No:

Mother's Mobile Phone No:

Father/Partner Name:

Your relationship to child listed above:

Father's Home Phone No:

Father's Mobile Phone No:

Family GP Name:

Doctor's phone No:

Doctor practice address:

National Health Number (if known):

If different from above, address where Parent/Guardian can be contacted including phone no:

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Details of any **medication** required during the camp (all medication to be labelled correctly and clearly with name and dose needed each day, and given in person to an adult Kidz Klub Worker).

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Details of any **illness, allergies** or **special diet**:

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Any additional information you feel we should know:

Part 2: PARENTAL CONSENT

I have discussed the Camp Rules with my child who understands and agrees to abide by them at all times. Kidz Klub Strathearn and Teen Ranch Scotland, their Trustees, Volunteers or Staff do not accept any liability for individual campers goods, clothes, belongings or equipment, all of which should (if appropriate) be insured.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic, YES NO (Please tick)

May we give your child/ren medicinal relief if required eg. Anti-histamine such as Piriton, or analgesic such as Paracetamol etc? YES NO (Please tick). Any comments?:

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Parent Name.....

Signed..... Date.....

Signature indicates parental responsibility. From time to time information may be required to be updated.

