



# TED Pathfinder Camporee

29 July – 5 August 2014  
Ommen, Netherlands

Please attach a recent passport-sized photo here

## APPLICATION FORM

- Pathfinder (10-15)
- Rover (16-19)
- Club Leader
- Country Staff
- Staff Children

### Attendee Details

Male  Female

Surname:.....

First Name(s):.....

Nationality:..... Date of Birth: \_\_ / \_\_ / \_\_\_\_ Age at Camporee:.....

Address:..... Town:..... Postcode:..... Country:.....

Tel – home:..... Mobile:.....

Email:..... T-shirt size (S / M / L / XL / XXL):.....  
(Cost is included in the Camporee Fee)

### Camporee Registration Fee

The Camporee Fee is €135

- Registrations with payment to be received by **30 April 2014**. Payments are non-refundable (except for declined visas) after this date.
- No refund for cancellation due to illness. Financial loss is to be claimed through individual's Travel Insurance.
- Late registration fee of **€20**

### Health Information

Name of Family Doctor:..... Telephone:.....

GP Surgery Address:.....

GP Surgery Email address:.....

Please tick if you have had any of the following:

Heart Trouble  Asthma  Epilepsy  Diabetes  Skin Conditions   
Travel Sickness  Fainting Spells  Bed-wetting  **Date of last Tetanus inoculation** \_\_ / \_\_ / \_\_

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

.....

Are you taking any medication (including any for asthma or allergies)? **Yes**  **No**

Please give name of drug and dosage details. Any medicines required during the trip should be clearly labelled with the name and exact dosage details (and should be handed to the leader before departure if under 18).

.....

Do you have any known allergies (e.g. to vaccines, medicines etc) – if yes, please give details **Yes**  **No**

.....

Please specify any serious food intolerances/allergies (not preferences). *Please note that all food will be vegetarian*

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Please specify any behavioural challenges which organisers need to be aware of:.....

Name of Attendee:.....

Union:.....

### **Emergency Contact Details**

Title: Mr  Mrs  Miss  Other (please specify).....

Surname:.....

First Name:.....

Relationship to attendee:.....

Address (if different from applicant):.....

..... Postcode:..... Country:.....

Daytime contact no.:.....

Mobile:.....

Evening contact no.:.....

Email:.....

### **Medical Consent** (To be completed by the parent/guardian if the attendee is less than 18 years of age)

If it becomes necessary for your child to receive medical treatment and you cannot be contacted by telephone or any other means to authorise this, please sign below to indicate your consent for any necessary medical treatment and authorise the event leader (or in their absence one of the assistant leaders) to sign any document required by the hospital authorities.

Signature:..... Date:.....

### **Activity Consent** (To be completed by the parent/guardian if the attendee is less than 18 years of age.)

Is your child safety conscious in water? Yes  No  Is your child competent in open inland water? Yes  No   
Is your child able to swim 50 metres? Yes  No

All activities will be listed on the Camporee website: [www.camporee.nl](http://www.camporee.nl)

If you do not want your child to take part in certain activities, please state this in writing to your club leader, and list below any such activities:

### **Photography Consent**

Current regulations relating to Child Protection issues and taking photographs of young people require that we obtain your consent for any picture taken that includes your son/daughter and which is used in either video or printed publication. No names will be published or the individuals identified except in association with those who may know him/her. **Please tick here to indicate your consent**

### **Short-Term Travel Insurance** (All participants must be covered by insurance). Please tick to indicate your consent.

- I understand that it is the responsibility of the participants to arrange the necessary Health and Travel Insurance.
- I will present copies of my Insurance documentation to my Club Leader.
- I have an EHIC (European Health Insurance Card) – *European participants only*.
- I have applied for an EHIC (European Health Insurance Card) – *European participants only*.

### **Parent /Guardian Consent** (To be completed by the parent/guardian if the attendee is less than 18 years of age)

I hereby give permission to 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.

Signature: ..... Date: .....

To be signed by applicants 18 years of age and above:

Signature: ..... Date: .....

### **TO REGISTER FOR THE CAMPOREE:**

- Please ensure your application is fully completed and all the relevant parts are signed.
- Registration forms, with a recent passport-sized photo, are to be submitted by clubs to the Union, Conference or Mission Pathfinder/Youth Director including the Camporee fee of **€135**