



LIVING YOUR FAITH

Living Your Faith
Summer Camps
2018

**Faith, fun and friendship for the
young people of the Clifton
Diocese**

Age 7 – 11 Monday 13th – Friday 17th August

Age 12 – 16 Monday 20th – Friday 24th August

Living Your Faith Summer Camps 2018

The Living Your Faith Summer Camps take place every August and are a chance for the young people of the Clifton Diocese to grow in their faith, make friends and have fun during the summer holidays.

The weeks are led by a team of experienced volunteers. All leaders have received a clear DBS check.

Each day is different on Summer Camp. For 2018 we have moved venue to the Viney Hill Christian Adventure Centre in the Forest of Dean. This gives us the opportunity to offer a wide variety of activities in a beautiful part of the world.

If you have any questions about the camps, please do not hesitate to get in contact. Thank you for your interest in the Summer Camps and I look forward to receiving your application form soon.

Stephen Spurrell (Living Your Faith Summer Camp Leader)

76 Okebourne Road
Brentry
Bristol
BS10 6QP

07860 849460

livingyourfaith@hotmail.co.uk

Details of camps:

Week 1: 13th – 17th August

Week 2: 20th – 24th August

Week 1 is generally for children who have just completed school years 3 to 6, and week 2 for children who have just completed years 7 to 11.

Cost: £195 per person

In order to secure your place on the camps you will need to send a completed booking form and a deposit of £50. Cheques can be sent to the above address and should be made payable to 'Clifton Diocese RE Living Your Faith'. Alternatively, you can transfer the balance into the account. Please contact Stephen for the details.

Application Form (please return this section along with the deposit)

NAME OF CHILD
GENDER
DATE OF BIRTH
NAME OF PARENT/CARER
ADDRESS
.....
.....
.....
POSTCODE
TEL
EMAIL
PARISH ATTENDING

EMERGENCY NAME AND TELEPHONE NUMBER
(This is essential, i.e. not your own telephone number but the number of someone in case you are unable to be contacted)

.....
.....

WEEK ATTENDING: (please tick)

Week 1 (13th – 17th August 2018) age 7 – 11

Week 2 (20th – 24th August 2018) age 12 – 16

To run the week successfully it is important to know of any conditions /special needs which need to be met. Please complete the following section as fully as possible, using a separate sheet if necessary.

Does the applicant require any special dietary requirements (e.g. vegetarian, gluten free or for medical reasons)?

YES / NO

If yes, please give details:

.....
.....

Does the applicant have any allergies (e.g. to food, medicines etc.)?

YES / NO

If yes, please give details:

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.....

Has the applicant any special medical needs? (e.g. asthma, epilepsy, diabetes or a disability)?

YES/ NO

If yes, please give details:

.....
.....

Is medical treatment being received for the above?

YES/NO

If yes, please give details:

.....
.....

Is the applicant on any medication for any other condition?

YES/NO

If YES, please give details:

.....
.....

Is there any information you think we should know about (e.g. learning difficulties, ADHD, confidence issues)?

.....
.....

If there is any change in the above information before the camp, please inform Stephen at the earliest opportunity.

EMERGENCY PERMISSION

In the unlikely event of a medical emergency, the parent/carer will be contacted immediately. If contact cannot be made, do you give permission for the doctor to undertake whatever treatment is deemed necessary?

YES/NO

Signed.....

PARENT/CARER

All information will be treated in the utmost confidence.

You will receive confirmation of a confirmed place once the application has been processed.

Please check you have signed the form.