

SUMMER CAMP APPLICATION FORM

You can now apply online – visit www.habodror.org.uk and click on Camps.

Alternatively, please complete clearly in CAPITAL LETTERS, then return, together with a deposit of £100 to: Summer Camp 2016, Habonim Dror, 28 Wilton Road, Manchester, M8 4WQ

Name of Camp:

Forename:

Surname:

Address:

Postcode:

Home Telephone No:

Date of Birth:

School Year:

School:

Gender:

Email (applicant):

Email (parent):

Applicant mobile:

Tick to receive subsidy/bursary application form

Enclosed Payment: (please indicate here if you have paid online)

Deposit (£100)	£
Full Payment	£
Garin Kasher (£20)	£
Donation to camp subsidy fund	£
TOTAL	£

Please enter amount paid in the payment box and either pay online at www.habodror.org.uk/pay-online/ or you can enclose a cheque made payable to Habonim Dror.

Please do not forget to (a) indicate which camp you are applying for, and (b) read and sign the medical form declaration.

Donations: We operate a subsidy scheme which relies on donations and we appreciate contributions of any amount - you can add this in the appropriate box on the application form if you so wish. We are very grateful for any donations.

Please read the following declaration carefully and sign overleaf:

I hereby apply for the camp stated on the application form, on behalf of the named child, and undertake to pay full fees, as well as travel expenses in the case of the child not travelling according to the arrangements made by Habonim Dror. I understand that:

1. No applicant will be allowed to participate in a camp unless Habonim Dror has received (a) a fully completed medical and consent form, and (b) full payment, unless alternative arrangements have been made prior to the specified date.

2. The deposit is non-refundable and the balance is non-refundable after the closing date stated in the brochure.

3. Places on each Habonim Dror summer camp are limited, and completion of this form does not guarantee acceptance.

4. The prices and dates stated in the brochure are subject to confirmation. Any changes will be published as soon as they are known.

5. The leaders of the camp reserve the right to send home any participant that is considered unsuitable for the camp. Should any participant be sent home for contravening the rules of the camp set down by Habonim Dror or have to return home due to illness or from their own volition, their parents/guardians will be liable for all the travel costs incurred and may, at the discretion of the leaders, be required to collect their child. In such circumstances, NO refund will be given.

6. Only for very special reasons will a child be permitted to arrive late or leave early from any camp or be taken away from the camp at any time, and then only with prior arrangement and when the child is accompanied by an agreed adult.

7. It is a legal responsibility that everyone on a private bus/coach is required to wear a seatbelt. Should my child not be wearing one and is subsequently fined by the authorities, I take full responsibility for the necessary fees.

8. It is Habonim Dror's policy that participants are not permitted to take mobile phones on camp. If one is brought, it will be withheld for the duration of the camp but Habonim Dror cannot be held responsible for its safe return. These items are not covered on the insurance policy.



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9. By signing this form I accept that photos of my child can be used for Habonim Dror's marketing activities, which includes online, social and print media. Upon request, specific photos which have been published online can be removed.

10. Cigarettes, alcohol and all illegal drugs are strictly forbidden, and their use completely prohibited on the camp. Involvement with any of these substances may result in those concerned being sent home immediately, at the expense of the parent/guardian, with no refund given.

11. Any person seen to be carrying out an action regarded by a camp leader as wilful damage, will be held liable for this damage. As parent/guardian, I will be held responsible for the full payment of any costs incurred due to this damage, or any subsequent related costs.

12. Habonim Dror accepts no liability or responsibility for any damage or loss of personal possessions of any of the participants under any circumstances.

13. Habonim Dror insurance cover includes:

Medical Expenses	£10,000,000
Cancellation/Curtailment	£7,500
Personal Liability	£5,000,000
Personal Accident	£50,000
Personal Property & Money (Single article limit £2,000)	£5,000
Legal Expenses	£50,000
Hospital Benefit - per day (up to maximum of £20,000)	£50

Should you feel that our policy is not satisfactory we advise you to take out your own cover. We would advise that participants do not bring any valuables with them on the trip, as there is no cover provided under Habonim's travel policy for such items. Valuables, by definition, include items such as cameras, mobile phones, ipods, ipads, laptops, and jewellery.

I, the parent/guardian have read and understood the above declaration, and agree to be bound by its terms and rules of Habonim Dror.

SIGNED:

DATE:



SUMMER CAMP MEDICAL FORM

Forename:**Surname:****Camp:****Date of Birth:**

Dear Parent/Guardian,

This year promises to be a fun-filled summer for Habo and its camp. To make camps extra safe and comfortable we, Sole-utions Ltd, have teamed up with Habonim Dror. As per the previous number of years we will be providing around the clock first aid cover on each camp.

In order to help us deliver a safe, effective and prompt service, Sole-utions Ltd needs detailed information about your child's health and medication. We would be grateful if you could read the camp medical policy, fill out the medication form giving as much information and detail as possible, and finally sign where indicated.

All information will be held on file by Habonim Dror and Sole-utions Ltd, and will remain confidential.

Best Wishes

Linda Varley-England
Managing Director
Sole-utions Ltd

Please indicate with a tick if the condition is present or has occurred in the past.

<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Rubella	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Polio
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Scarlet Fever
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Skin Condition
<input type="checkbox"/> Bulimia	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Fainting	<input type="checkbox"/> Measles	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Mumps	<input type="checkbox"/> Gastric Problems
<input type="checkbox"/> Other:			

Details:

Psychological/Emotional Issues

If the participant suffers from ANY psychological or emotional problems, please give FULL details below, including a doctor's letter where appropriate. Please continue on a separate page if necessary.

Allergies:

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Fish	<input type="checkbox"/> Insect bites	<input type="checkbox"/> Plasters
<input type="checkbox"/> Dairy	<input type="checkbox"/> Fruit	<input type="checkbox"/> Nuts (which ones)	<input type="checkbox"/> Penicillin
<input type="checkbox"/> Eggs	<input type="checkbox"/> Gluten	<input type="checkbox"/> Paracetamol	<input type="checkbox"/> Ibuprofen

Other:

Details:

Name:**Camp:**

I, _____ have read and accept Habonim's Medical policy and agree to let Habonim organise my child _____'s medication as per my instructions indicated below.

Please list ALL medication your child is bringing to camp which includes prescribed and NON prescribed medication such as Paracetamol and Hayfever tablets.

Please print and ensure all writing is legible to minimise medication errors.

Medication	Dose	Frequency	Timing	Route	Indication
e.g Ventolin	e.g. 2 tablets / 500mg / 2 puffs	e.g. twice a day	e.g. one in the morning one at night	e.g. by mouth	e.g. every day or only when wheezy

NB - No medication is to be retained by your child. It must be handed over to the leaders and onto the medics for safekeeping. An exception will be made for inhalers and epi-pens with medics' awareness and supervision.

MEDICAL POLICY I hereby certify that to the best of my knowledge the medical information provided on this form is complete and correct in all details. I agree to the participant receiving medication as detailed and in any medical emergency, dental or surgical treatment, including anaesthetics or blood transfusions, as considered necessary by the appropriate medical authority, understanding that Habonim Dror cannot, and will not, be held liable for any incident caused as a result of incomplete or inaccurate medical information being supplied. I further understand that Habonim Dror reserves the right to send home any participant as a result of incomplete, inaccurate medical information being supplied and any medical/emotional/psychological condition that cannot be managed in safe practice whilst on camp.

In the event that your child requires medication such as pain relief - e.g. Paracetamol, Ibruprofen and anti-histamines - which is not noted on the on the medical form, Sole-utions Ltd will assess the medical situation and reserve the judgement to administer on your behalf, without prior notification/ calling, ensuring that safe practice is carried out and no allergies have been noted for those medications.

Please sign here even if you are not sending your child with any medication.

SIGNED (parent / guardian):**DATE:**

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GP Details

Name of Participant's GP:

Surgery Address:

Tel No contact details:

Date of last anti-tetanus vaccination : / /

Emergency Contact Details

Please provide contact details for 3 people who can be contacted during camp and have the authority to authorise medication administration / changes and emergency medical intervention.

	Parent/Guardian 1	Parent/Guardian 2	Contact 3
NAME			
Relationship to Participant			
HOME			
WORK			
MOBILE			

If the parent/guardian is away during camp, please inform us of the dates and venue.

SUMMER CAMP 2016 PARTICIPANT FURTHER INFORMATION FORM (TO BE COMPLETED BY PARENT/GUARDIAN)

In order to provide the best camp experience possible, we would like to get to know your child before s/he arrives at camp this summer.

Please complete this form in as much detail as possible, using another sheet of paper if necessary. The information will be kept confidential and only shared with necessary persons. Please note, any information disclosed on this form will not be used for any purposes of discrimination, but is helpful for us to know so we can be sure to provide the best level of care and support for your child whilst on camp. We will do our best to accommodate your child's needs, but cannot promise to adhere to specific things such as particular bedtime routines. Dependant on what is disclosed here, we may be in touch to seek further information/advice from third parties.

Child's Name:

DOB:

1. How does your child spend his/her free time?

2. Are there activities that your child particularly enjoys?

3. Are there activities that your child has difficulty with?

SUMMER CAMP 2016 PARTICIPANT FURTHER INFORMATION FORM

4. Does your child make friends easily? If not, please give details:

Please list 3 friends with whom your child would like to be in a Kvutzah. We cannot guarantee they will be with them all, but we do our best to at least put them together with one or two.

Please also state here if your child has any potential issues with a specific child that we should be aware of:

5. Has your child been away from home before? How long?

Were there any problems? Yes No If yes, describe:

6. Is your child afraid of anything? Yes No If yes, please give details

SUMMER CAMP 2016 PARTICIPANT FURTHER INFORMATION FORM

7. Does your child have a bedtime routine which we should know about? Yes No

If Yes, give details:

8. Please circle if your child has a history of the following and give details below:

Trouble sleeping or falling asleep **Fears/Phobias** **Walking/talking while asleep**

Shyness **Bedwetting** **Aggressive/Defiant behaviour**

Eating problems **Homesickness**

9. Does your child have any form of learning difficulty? If yes, please specify the condition below and circle whether it is: Mild, Moderate, Severe.

10. Does your child have any physical disabilities/limitations that we should be aware of? If yes, please specify.

11. Has your child suffered from any form of mental illness not already specified? Yes No If yes, please explain what psychological or psychiatric help was sought?

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12. Are there any family issues that the leaders should be aware of? E.g. recent bereavements, divorce

13. Does your child upset/anger easily? If so, what upsets/angers him/her?

14. What do you do to calm him/her?

15. Does your child have any concerns about coming to camp? Please explain.

16. Please tell us anything else that your child's leaders should know about your child before he/she arrives at camp to help make the summer a great experience!

This form has been completed by:

Parent / Guardian:

Date:
