

Run with Perseverance

FRIDAY 6TH -
SUNDAY 8TH JULY



GROUP APPLICATION FORM

Discount Application (Before 31st March 2012)

Please give this form to your Group Leader along with your £11 non-refundable deposit to return to Spree Wales by 31st March 2012. The balance will need to be paid by 31st May 2012.

PART 1 - APPLICANT TO COMPLETE (Please use BLOCK CAPITALS.)

Full Name:	Male / Female:
Address:	Date of Birth:
	Age at Spree:
	Telephone Number:
Postcode:	Mobile Number:
Email:	

Enhanced CRB Number (if 18+):	Date of CRB Check:
Organisation who completed this CRB check:	

- I understand that no booking has been made until I have received official confirmation of my acceptance on to the Service Crew for SPREE Wales 2012.
- I understand that there is a compulsory training session, date and location to be confirmed.
- I understand that photographs of activities may be taken during this weekend and used for promotional and display purposes.
- I understand that full details of what to bring will be sent to me nearer the time and that if I am 18+ I will be required to obtain an enhanced CRB check if I have not had an enhanced CRB in the last 5 years. Please contact Alyson on 029 2086 5344 as soon as possible if you need one.

Signed:	Date:
_____	_____
Signature of Parent / Guardian if applicant is under 18:	Relationship to Applicant:
_____	_____

PART 2 - GROUP LEADER TO COMPLETE

Group Name:	Main Group Leader:
Comments about this applicant:	
Leader's Signature:	Date:
_____	_____

Spree Wales is organised by several youth organisations and individuals. It is endorsed by the following churches and organisations:



**PART 3- HEALTH AND SAFETY DETAILS - APPLICANT TO COMPLETE
(To be completed by a parent / guardian if applicant is under 18.)**

Name of Applicant:

Emergency Contact Details

Name:

Relationship to Applicant:

Address:

Work Number:

Home Number:

Postcode:

Mobile Number:

Please give details of any medical treatment you may need at camp, any recent operations or any medical conditions (eg asthma, diabetes, epilepsy, etc.):

Details, including dosage, of any medication you will be taking to camp:

Any known allergies:

Date of last tetanus vaccination:

Name and address of family doctor:

Telephone Number:

Any special dietary needs (eg vegetarian)

Any other comments that might be useful to us in taking care of you?

I CONSENT TO ANY EMERGENCY MEDICAL TREATMENT WHICH MAY BE NECESSARY (INCLUDING THE USE OF ANAESTHESICS). I UNDERTAKE TO NOTIFY ROWENA CRIDDLE BY EMAIL (ROWENA@SPREEWALES.COM) OF ANY CHANGES IN THESE DETAILS BETWEEN NOW AND THE START OF SPREE WALES 2012.

Signed:

Date:

NB: The advice of your family doctor should be sought and followed in the case of infectious diseases or if there is any doubt in your fitness to attend Spree Wales 2012.