

Registration Form

General Information



Additional forms can be downloaded at www.escotcampwild.co.uk.
You can email your form to campwild@escot-devon.co.uk or post it to
Summer Camp Manager, Escot Park, Ottery St Mary, EX11 1LU.
If you have any additional queries regarding Camp Wild please email
or telephone **01404 822188**.

How did you hear about Escot Camp Wild? (Please give as much detail as possible)

General Information

Parent/Guardian Name: _____

Address: _____

City: _____ County: _____ Postcode: _____

Preferred Phone: _____ Alternative Phone: _____ Email Address: _____

Pick-up Authorisation

Please list below all the people who are authorised to pick up your child. Please remember that picture i.d is required when your child is collected. We also request that you assign a password to your pick up authorisation. Each person listed below will need to know it.

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Password: _____

Emergency Contact Information (please provide two)

Name: _____ Relationship: _____

Home Tel: _____ Work: _____ Mobile: _____

Name: _____ Relationship: _____

Home Tel: _____ Work: _____ Mobile: _____

Child 1 Information

Which camp are you registering for day, residential or other (please specify)? _____

Child's Name: _____ Gender: _____ D.O.B: _____ Age: _____

School Year in Sept: _____ School Name: _____

Can your child swim confidently? _____ T Shirt Size (residential camp only): Small Medium Large

Buddy Request (Your child can request to be in the same group with one friend). Name: _____

Medical Information

Doctor/Healthcare Facility: _____ Phone _____

Please tick if applicable and list duration, treatment, and/or restrictions in the space provided below.

Medical History

Diabetes Asthma Heart trouble Bleeding/clotting disorders Other _____

Allergies

Bee stings Medication Food or Drink Other _____

Date of last tetanus booster: _____ Please list medication (over the counter and prescription): _____

Please add any additional medical requirements/information on a separate sheet of paper.

Emotional, behavioural, or learning disabilities Restriction on physical activity

Escot Camp Wild, Escot Park, Ottery St Mary, Devon EX11 1LU

Telephone: 01404 822188 **Email:** campwild@escot-devon.co.uk **Website:** www.escotcampwild.co.uk

Directors: J-M Kennaway & LF Kennaway
Escot Limited. Registered in England 1971826. Vat No. 378 8916 79

Child 2 Information

Which camp are you registering for day, residential or other (please specify)? _____
Child's Name: _____ Gender: _____ D.O.B: _____ Age: _____
School Year in Sept: _____ School Name: _____
Can your child swim confidently? _____ T Shirt Size (residential camp only): Small Medium Large
Buddy Request (Your child can request to be in the same group with one friend). Name: _____

Medical Information

Doctor/Healthcare Facility: _____ Phone _____
Please tick if applicable and list duration, treatment, and/or restrictions in the space provided below.

Medical History

Diabetes Asthma Heart trouble Bleeding/clotting disorders Other _____

Allergies

Bee stings Medication Food or Drink Other _____

Date of last tetanus booster: _____ Please list medication (over the counter and prescription): _____

Please add any additional medical requirements/information on a separate sheet of paper.

Emotional, behavioural, or learning disabilities Restriction on physical activity

Child 3 Information

Which camp are you registering for day, residential or other (please specify)? _____
Child's Name: _____ Gender: _____ D.O.B: _____ Age: _____
School Year in Sept: _____ School Name: _____
Can your child swim confidently? _____ T Shirt Size (residential camp only): Small Medium Large
Buddy Request (Your child can request to be in the same group with one friend). Name: _____

Medical Information

Doctor/Healthcare Facility: _____ Phone _____
Please tick if applicable and list duration, treatment, and/or restrictions in the space provided below.

Medical History

Diabetes Asthma Heart trouble Bleeding/clotting disorders Other _____

Allergies

Bee stings Medication Food or Drink Other _____

Date of last tetanus booster: _____ Please list medication (over the counter and prescription): _____

Please add any additional medical requirements/information on a separate sheet of paper.

Emotional, behavioural, or learning disabilities Restriction on physical activity

By checking this box I give Escot Ltd permission to use photographs of my child/children for promotional purposes

Authorisation for Treatment: Parent/Guardian must sign

I certify that the above information is correct to the best of my knowledge, and I authorise Escot to consent to any X-ray, examination, anaesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician or dentist. For minor illnesses or injuries, I understand that Escot will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, Escot will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorisation remains in full force and effect.

I authorise Escot staff to administer first aid and administer my child's prescription medication as prescribed by a physician.

Signature of Parent/Guardian _____ **Date** _____

If registering on line please type your name above and place a cross (x) in the box to confirm your authorisation

You will receive a welcome pack with detailed information on what to expect and how to prepare for camp once your registration form has been processed. Please contact the office if you have any questions on 01404 822188.

Thank you for registering with Escot Camp Wild.

Residential Camp Registration



Additional forms can be downloaded at www.escotcampwild.co.uk.
 You can email your form to campwild@escot-devon.co.uk or post it to
Summer Camp Manager, Escot, Escot Park, Ottery St Mary, EX11 1LU.
 If you have any additional queries regarding Camp Wild please email
 or telephone **01404 822188**.

Are you a current Multipass Holder? Yes No

If YES, please enter your Multipass number here: _____

Registration

Please put a cross (x) in the box for the number of nights you are registering for:

2 nights (Mon am - Wed am) 3 nights (Wed pm - Sat am) 5 nights (Mon am - Sat am)

Please fill in the desired start and end dates of your child's stay in the relevant space below. Please see example below.

Example	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Summer Camp	<input type="text"/>	<input type="text"/>	2nd - 5th Aug	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 nights (Mon-Wed), 3 nights (Wed-Sat), 5 nights (Mon-Sat).

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
May Half Term	<input type="text"/>					
Easter	<input type="text"/>	<input type="text"/>				
Summer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
October Half Term	<input type="text"/>					

Deposit and Payment options

To secure your child's place on Camp Wild, we require a non refundable deposit during the registration process. Deposits are as follows:

2 and 3 night programmes £50

5 night programme £75

Full payment must be received no later than eight weeks prior to your child's start date.

Please see our website or call the Escot office for a full price list.

Please put a cross (x) in the box next to your chosen payment method.

Paypal via our website (£2.00 charge applies)

Fill in credit/debit card details below

Post your form with a cheque to the address listed at the top of this form. Please make cheques payable to Escot Ltd.

By phone on 01404 822188. Please call the same day you send your registration form.

Your child's place will only be secured with the submission of a deposit at the time of registration.

Credit/Debit Card details

Name on card: _____ Address (as shown on card statement): _____

Card Type (please cross): Mastercard Visa/Delta Credit/Debit Card Number:

CCV Number (last 3 numbers on reverse): Start Date (MM/YY): Expiry Date (MM/YY):

Amount to be debited: £ _____

Escot Camp Wild, Escot Park, Ottery St Mary, Devon EX11 1LU
Telephone: 01404 822188 Email: campwild@escot-devon.co.uk Website: www.escotcampwild.co.uk

Directors: J-M Kennaway & LF Kennaway
 Escot Limited. Registered in England 1971826. Vat No. 378 8916 79