



## Football Holiday Camp 2017: Application form

THE BREWSTER TRUST's Football Holiday Camp 2017 takes place in various groups between 10<sup>th</sup> July 2017 and 4<sup>th</sup> August 2017. Registration fee is BDS\$ 50.00 with a BDS\$ 20.00 refund on full participation in cash. Detailed Information on [www.football.bb](http://www.football.bb).

### A) APPLICATION PROCESS

As a charitable organisation THE BREWSTER TRUST targets to support and benefit children and youth in need, and to give those with fewer opportunities priority without any discrimination. To take part in the Football Holiday Camp 2017 it is mandatory to fully complete the following application and to submit it within the deadline.

Applications will be completely confidential, will be processed on a first come, first served basis and will be reviewed according to the criteria outlined by our charity. Every applicant will receive a relevant response and/or a confirmation in due time.

The following questionnaire is based on current international standards for disadvantaged children or youth. Please tick the relevant box(es) and give a brief explanation of your selection(s). In case we need further information we will contact you directly.

disadvantaged child or youth  no  yes, please specify:

economically disadvantaged: \_\_\_\_\_

out-of-school youth / unemployed: \_\_\_\_\_

in or aging out of foster care: \_\_\_\_\_

limited language proficiency: \_\_\_\_\_

homeless / run away from home: \_\_\_\_\_

at-risk to leave school without graduation: \_\_\_\_\_

former juvenile offenders / risk of delinquency: \_\_\_\_\_

individual with disabilities: \_\_\_\_\_

other: \_\_\_\_\_

### B) SELECT YOUR AGE GROUP

**Age group 5 - 14 years**, born between 2003 and 2012

Group A: Monday, 10<sup>th</sup> July 2017 to Friday, 21<sup>st</sup> July 2017, weekdays only, 9.00 am to 3.30 pm

Group B: Monday, 24<sup>th</sup> July 2017 to Friday, 4<sup>th</sup> August 2017, weekdays only, 9.00 am to 3.30 pm

**Age group 15+**, born 2002 or before, youngsters / adults / parents

Monday, 17<sup>th</sup> July 2017 to Friday, 28<sup>th</sup> July 2017, weekdays only, 4.30 pm to 7.30 pm

**Coaches**, have the opportunity to register for the camp as assistants, assigned to individual ages and individual weeks.

Select your camp week(s):

10<sup>th</sup> July – 14<sup>th</sup> July

17<sup>th</sup> July – 21<sup>st</sup> July

24<sup>th</sup> July – 28<sup>th</sup> July

31<sup>st</sup> July – 4<sup>th</sup> August

→ Please turn the page.

kindly supported by:



**C) PARTICIPANT INFORMATION** (CAMPERS AND COACHES TO COMPLETE THIS SECTION)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Gender:  male  female Date of birth (dd/mm/yyyy): \_\_\_\_\_

Email address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Parish: \_\_\_\_\_ Member of a football club:  yes  no

Clothing size children:  128 (S)  140 (M)  152 (L)  164 (XL)  176 (XXL)

Clothing size adults:  S  M  L  XL  XXL

**D) GUARDIAN/EMERGENCY CONTACT INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency phone (during camp times): \_\_\_\_\_

**E) PARTICIPANT MEDICAL INFORMATION**

Medical condition:  None  Diabetic  Hypertensive  Other, please specify: \_\_\_\_\_

Allergies:  None  Nuts  Pineapple  Milk  Other, please specify: \_\_\_\_\_

Disability:  None  Autism  Dyslexia  Physically impaired  
 Hearing impaired  Visually impaired  Other, please specify: \_\_\_\_\_

Nutritional preference:  None  Vegetarian  Vegan  Other, please specify: \_\_\_\_\_

Medications, please list: \_\_\_\_\_

Additional comments: \_\_\_\_\_

**F) PARENTAL CONSENT** (FOR PARTICIPANTS 17 YEARS OLD AND YOUNGER)

I grant permission for my child / ward to participate in THE BREWSTER TRUST's Football Holiday Camp 2017. I confirm that my child / ward is healthy and capable of participating in the camp and that any injury occurring during the camp is not covered by THE BREWSTER TRUST; please note: a specific accident insurance is in place for every participant. I recognise that THE BREWSTER TRUST is not responsible for accidents and/or losses of personal belongings occurring during the camp. I agree that any photographs or videos obtained from the camp are licensed for marketing and other purposes by THE BREWSTER TRUST.

yes  no, please specify: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN/COACH NAME (PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN/COACH SIGNATURE