

CLAPA SUMMER CAMP

Monday 2nd – Friday 6th August 2010

CMC Pensarn Harbour & Bryn-y-Moel (The Ranch)
Llanbedr, Wales, LL25 2HU. Tel: 01341241358

CLAPA's annual summer camp, for children and young people born with a cleft lip and/or palate, will take place at an activity centre called Bryn-y-Moel (The Ranch) in Wales. Summer camp is all about having fun and is largely based around outdoor activities including water sports and rock climbing. Summer camp is also about giving young people, born with a cleft, the chance to meet with others who have the same condition in a safe and fun environment. One of the many benefits that young people gain from attending a CLAPA residential camp is increased confidence and self esteem. Children from all over the UK attend summer camp and range from age 9 to 15 years old. Many children who attend have never been on any CLAPA activity before but soon feel at home, especially after spending the night chatting in their dorm rooms! CLAPA summer camps also have many regular attendees who have had a great time in previous years and look forward to meeting up with their new friends again. This year CLAPA will not be able to provide transport to and from the camp, participants will be asked to make their own arrangements. Directions will be provided once places are confirmed. To apply for your place on camp please complete the application form on the following pages.

(Parents keep this cover sheet for your information)



Aims of Camp

- For children to **have fun** in a safe and supportive environment
- **Improve self esteem and confidence** through providing team activities, meeting new people and learning new skills
- Give children and young people an **opportunity to meet** with others who were born with a similar condition.

CLAPA's Value Statement

CLAPA camps are for **all** children and young people born with a cleft lip and/ or palate. CLAPA strives to meet all further needs as long as sufficient notice has been given of extra requirements**.

*** Please attach all extra medical information to the application form and send it back to CLAPA as soon as possible. Any delay may result in a child not getting a place at camp because their needs cannot be appropriately catered for.*

CLAPA Residential Camp, 2 – 6 August 2010

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Llanbedr, Wales, LL25 2HU. Tel: 01341241358

Application form

PART 1

To be completed by the parent or guardian of the young person wishing to attend this event (referred to in this form as 'the applicant'). **PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS.**

Your name (parent/guardian):

Address

Postcode:

Telephone: Day:

Evening:

Mobile if Different:

E-mail:

Relationship to applicant (e.g. parent, guardian, other):

Name of applicant:

Date of Birth:

Age:

Gender (please tick one box): Male Female

Contact details if different to above:

Was the applicant born with (please tick all boxes that apply):

Cleft lip only Cleft palate only Cleft Lip and Palate

Any other condition(s)

Please specify:

Has the applicant ever been away from home before?

Yes No

If yes, how did they cope?

Please use this space to provide a brief description of how you think the applicant might benefit from participating in this event:

Health Information (Please tick the relevant box for each question in this section)

Does the applicant have grommets or any problems with his or her ears?

No Yes if yes, please specify _____

Does the applicant take regular medication?

No Yes if yes, please specify _____

Does the applicant have any **food** allergies?

No Yes if yes, please specify _____

Does the applicant have any allergies to **medication** (e.g. penicillin)?

No Yes if yes, please specify _____

Does the applicant have any other allergies?

No Yes if yes, please specify _____

Does the applicant have any dietary requirements?

No Yes if yes, please specify _____

Is there anything the applicant should NOT eat or drink when preparing to go to bed?

No Yes if yes, please specify _____

Are there any sporting activities that the applicant should not engage in?

No Yes if yes, please describe: _____

Are there any other health/medical issues we should be aware of while the applicant is in our care?

No Yes if yes, please describe: _____

If necessary, do you give permission for CLAPA to administer Calpol?

No Yes

If not, do you give us permission to administer other pain or fever relief?

No Yes if yes, please specify _____

Are there any emotional or behavioural issues that we should be aware of while the applicant is in our care?

No **Yes** *if yes, please describe:*

It is important that we are aware of any issues that might affect the applicant's behaviour at the camp. This will not affect their application, but will make it possible for us to arrange any additional support that may be necessary. If we do not have this information, we may not be able to offer appropriate support and the applicant may not be able to stay for the duration of the camp.

We will be sending a supplementary application form to one of your child's teachers, or someone else (not family) who knows him or her well in their interactions with other children.

Please provide contact details for the person you would like us to send the form to:

Name:

Address (including Postcode):

Telephone number:

Fax Number (if known):

Email Address: (if known)

Relationship to the applicant (e.g. teacher, group leader):

We may contact your child's cleft team to ask whether they are aware of any issues that might affect how we care for the applicant.

Please allow us to do this by answering the following questions and giving your signature where requested:

Name of applicant's Cleft Lip and Palate Team:

Main contact on the Team:

I give my permission for CLAPA to contact _____'s (name of applicant) Cleft Lip and Palate Team to request any information that might affect how we care for the applicant while he/she is attending a CLAPA camp.

Signature _____ **Date** _____

Please complete and sign the following:

I give my permission for _____ (name of applicant) to attend CLAPA's 5-day residential summer camp for children and teenagers at Bryn-y-Moel (The Ranch), with the understanding that CLAPA takes responsibility for the care of the above minor for the duration of his / her stay.

Signature _____ Date _____

I understand that, if _____ (name of applicant) behaves in such a way that is detrimental to the experience of other attendees, I will be responsible for collecting him/her from the camp if and when asked to by camp staff.

Signature _____ Date _____

I declare that all information provided in this application is, to the best of my knowledge, complete and correct.

Signature _____ Date _____

The full cost of having one child at the CLAPA Summer camp is £400. Please let us know how much you can reasonably afford to contribute towards this, and enclose a cheque or postal order* for that amount with your completed application.

£50 £100 £200 £300 £400 other

**Please note that the amount you contribute towards the cost of the camp will not affect your child's application in any way.*

**(No cheques or postal orders will be banked until the child or children applying have a confirmed place on the camp).*

Please return the completed form to: Eleanor Flanagan, CLAPA,
FREEPOST NAT 7066, London, EC1V 1BR **By Saturday 1st May 2010.**

Places will be allocated on a first come first served basis

All information provided in this form will remain confidential.

Clapa may send you information on future activities, including notification of events, publications and fundraising initiatives. Please tick the following box if you DO NOT wish to receive mailings from us in the future