

Application Form for JUNIOR Summer Camp 2019
For children aged 6 – 11 who want to attend CCYM Junior Camp
Sunday, 28th July – Friday, 2nd August 2019
Check out warm footback of the street of the str Check out www.facebook.com/ccymireland or our website www.ccymweb.com

Name of Child			
Age (when attending camp) :	Date of Birth:		Male Female
This section to be completed by parent/guardian			
Has your child any medical (or other) problems that we need to be aware of?	YES	NO	
Is your child on any medication?	YES	NO	
Are there any special dietary arrangements we can make for your child?	YES	NO	
Is your child allergic to anything?	YES	NO	
IF YOU ANWSERED YES TO ANY OF THE ABOVE PLEASE COMPLETE PAGE 2			
Do you allow your child to go swimming in Kells Swimming Pool (also supervised by CCYM leaders)? Yes No			
Contact details and emergency contacts section to be completed by parent / guardian			
1st parent/guardian's: Address:			
1st parent/guardian's contact no. (s)			
2nd parent/guardian's: Address (if different to above):			
2nd parent/guardian's no. (s)			
Emergency contact name and number:			
Name of child's GP: (Will only be used if medical history is needed. Parents will always be contacted first if a child needs medical attention)	Name:	Address:	Contact No:
Signed by: Parent(s) / Guardian(s)			
€10 deposit enclosed?	Yes No		Paypal options coming soon.Check: www.ccymweb.com for details
This section to be completed by child (with the help of or parent / guardian, if needed)			
Would you like to share a dorm with anyone?	Who?		
Do you want to go swimming?	Yes No		
I agree to abide by the CCYM rules including privacy and respect for all campers and leaders / use of mobile phones / safety around the lake / no fighting or bullying. Remember the last rule is always: 'have fun!'			
Signed:			