


Application Form for CCYM 'Your Move' Weekend 2018

Please note change of days and times:

Registration: Thursday, 29th March 7.00 - 7.30 p.m.

Pick up time: Saturday, 31st March 4.00 - 4.30 p.m.



Name of Child/Teenager :		Date of Birth:
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Age: (when attending weekend)
Address:		
Has your child/teenager any medical (or other) problems that we need to be aware of? (These will be treated in confidence). (If 'yes' please complete the medical section overleaf)	YES	NO
Is your Child/Teenager on any medication? Please outline overleaf.	YES	NO
Are there any special dietary arrangements we can make for your child/teenager?	YES	NO
Is your child allergic to anything?	YES	NO
If you answered 'yes' to any of the questions on health or diet please complete the form overleaf (page 2). Thank you.		
Signed by: Parent/Guardian (please specify)		
Mobile No: _____		
Mobile No: _____		
Email: _____		
		
Return this form to: CCYM, c/o 2, Ard Easmuinn, Dundalk, Co. Louth A91 P5YO		
CCYM Facebook Page & Website contains lots of photography of Summer Camps, Weekends & Events. These pages are monitored by our Team & contain no identifying information.		
If you DO NOT want your children to appear on these pages, please tick this box. <input type="checkbox"/>		
Please give 2 emergency contacts for Thursday 29th - Saturday 31st March 2018		
Name & Address:	Telephone:	
Name & Address:	Telephone:	
HAVE YOU ENCLOSED A € 5.00 DEPOSIT WITH THIS FORM?	YES	NO
This section to be completed & signed by Child / Teenager:		
Would you like to share a dorm with a particular friend (or friends)?	YES	NO
Who?		
I agree to abide by the CCYM events 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:		