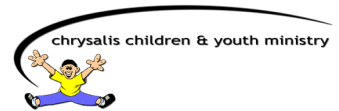


Application Form for JUNIOR Summer Camp 2018

For children aged 6 – 11 who want to attend CCYM Junior Camp

Sunday, 29th July – Friday, 3rd August 2018

Check out www.facebook.com/ccymireland or www.ccymweb.com



Name of Child →			
(Age when attending camp) :	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>This section to be completed by parent / guardian</i>			
1. Has your child any medical (or other) problems that we need to be aware of?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2. Is your child on any medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Are there any special dietary arrangements we can make for your child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
4. Is your child allergic to anything?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
5. Do you allow CCYM to administer Calpol if needed during Camp? If not is there an alternative? Please give details overleaf.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF YOU ANSWERED YES TO QUESTIONS 1 - 4 PLEASE COMPLETE PAGE 2			
Do you allow your child to go swimming in Kells Swimming Pool (also supervised by CCYM leaders)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
CCYM have a Video and Photography Policy to ensure children's safety. The CCYM Website and Facebook page allow children to enjoy memories of Camps. Do you give consent for your child's photo to be shared? No names or identifying information are shared. Please tick one box: YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>Contact details and emergency contacts section to be completed by parent / guardian</i>			
1st Parent's name & address:			
Parent's contact no. (s)			
2nd Parent's name & address: (if different to above):			
Parent's contact 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 <input type="checkbox"/> No <input type="checkbox"/>	<i>To pay in instalments contact a member of CCYM on the CCYM Mobile: 0862328835 to discuss ways to do this</i>	CCYM Address: c/o 2, Ard Easmuinn, Dundalk, Co. Louth	
<i>This section to be completed by child (with the help of or parent / guardian, if needed)</i>			
Would you like to share a dorm with anyone?	Who?		
Do you want to go swimming?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I agree to abide by the CCYM rules including privacy & respect for all campers and leaders / use of mobile phones and social media / safety around the lake / no fighting or bullying. And the last rule as always is 'have fun!'			
Signed by: (Camper)			