

Child's Name _____ Date of Birth ____ / ____ / ____

Parent /Guardian Name(s) _____

Address _____

Mobile Phone (Child) _____

Mobile Phone (Mother/Guardian1) _____

Mobile Phone (Father/Guardian2) _____

Landline _____

E-mail _____

Please complete and return with payment to:-

**Brian & Helen Donaghy,
Grange East,
Knocknarea,
Co. Sligo. F91 W5Y8**

If possible, I would like my child to share a room with _____

We will do our best to accommodate your requests but please accept our apologies if we are unable to do so.

Medical Form

Does your child suffer from any of the following illnesses, conditions or allergies ?

- Asthma Allergy to Penicillin
 Epilepsy Allergy to bee/wasp stings
 Diabetes Allergy to certain foods, e.g. nuts
 Heart Trouble (specify) _____

Are there any other illnesses, conditions or allergies we should know about ?

Please specify any medical treatments being given at present

Has your child been vaccinated against tetanus ? YES / NO

Some of the activities may be physically demanding, e.g. Ball games, swimming etc. I feel my child should not participate in

Please book my child in for the following camp (tick appropriate boxes) :

30th June - 5th July Juniors Camp ages 8-11 € 130

7th July - 12th July Inters Camp ages 12-14 € 160

21st July - 26th July Teens Camp ages 15-19 € 300

12th - 16th August Technology Day Camp ages 8-12 € 90

19th - 23rd August Drama Day Camp ages 8-14 € 30

Permissions

I have read the enclosed rules and information. I agree to my child attending camp and enclose full payment / 50% deposit **(Cheques payable to C.E.F.)** Amount Enclosed €

I give permission to the person named on this form to take part in all the activities, including those not specifically listed.

I (give / do not give) permission for suitable photos / videos of the applicant to be used for promotional purposes by C.E.F. at promotional meetings, or in promotional leaflets, or on official websites.

Signed

(Parent / Guardian)