

Application Form for Camps

Child's Name _____

Date of Birth _____

Camp Location:

Monkstown Meadowbrook

Dates Attending Camp _____

Parent's / Guardian's Name _____

Address _____

Ph. No. _____ Mob. _____

Email _____

Does the child have any disabilities / illnesses / allergies / special needs that camp leaders would need to be aware of _____

Or any of the following:

Deafness _____

ADD / ADHD _____

Autism _____

Heart problems _____

Epilepsy _____

Diabetes _____

Asthma _____

Chronic illness _____

Medication _____

- I give permission for my child to walk home at the end of the activity. Yes No
- I will pick up my child at the end of the activity. Yes No
- I hereby give permission for my child to be photographed at the Kids Camp. (dlr Leisure Services reserves the right to publish any photographs taken during the event on its website and in its publications and /or to issue same to local and national newspapers/ magazines and also certs that could be issued at the end of the camp.) Yes No
- I wish to receive further information on special offers and updates at your centres by post/email/SMS. Yes No

Parent's /Guardian's Signature

Staff Signature _____ **Date** _____