

## CDYC Holiday Camp Training Weekend

17<sup>th</sup> -19<sup>th</sup> March 2018

Ovoca Manor, Wicklow

Cost is €20pp for bus

(Please indicate your chosen pickup)

**BUS TIMES from Dunmanway on 17<sup>th</sup>:**

Cox's Hall at 7am \_\_\_\_\_

Bandon at 7.30am (Kellehers) \_\_\_\_\_

Cork at 8am (Amber Station) \_\_\_\_\_

**Dropoff on the 19<sup>th</sup>:**

Cork Amber station at 6pm \_\_\_\_\_

Bandon, Kellehers at 6.30pm \_\_\_\_\_

Dunmanway, Cox's Hall at 7pm \_\_\_\_\_

Please confirm with Rev. Cliff where you are being picked up to:

[cliff4b@gmail.com](mailto:cliff4b@gmail.com)

Fill in your details here:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Participant's Mobile Number** \_\_\_\_\_

**Participant's e-mail** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Special Dietary/Medical Requirements** \_\_\_\_\_

## Parental Consent

**Name of Parent/Guardian** \_\_\_\_\_

**Address (if different from Participant's)** \_\_\_\_\_

**Email address of Parent/Guardian** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_

**Emergency Contact Number** \_\_\_\_\_

**Name of Participant's GP** \_\_\_\_\_

**Phone Number of GP** \_\_\_\_\_

I give permission for my child to go to on the bus organised by CDYC to the Holiday Clubs Training Weekend on Saturday 17<sup>th</sup> - 19<sup>th</sup> March 2018.

This consent form is for the CDYC organised bus to the Cashel and Ossory Holiday Club Training weekend in Ovoca Manor, Co. Wicklow.

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated First Aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I give permission for my son's/daughter's photograph to be used in future publicity, whether printed, by email or on the website of the CDYC

(If YES, please tick)

I give permission for myself, my son/daughter to be contacted via phone/text/email in relation to the CDYC

(If YES, please tick)

**I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT**

Signature(Parent/Guardian):

Date: