

Booking Form

I wish to book a place for my child to
attend the Dublin & Glendalough Diocesan Kids' Camp 2018,
and enclose a cheque for €170

PLEASE USE BLOCK CAPITALS

Name of Camper: _____

Address: _____

Date of Birth: _____

Name of Parent: _____

Mobile Contact 1 _____ 2. _____

Email _____

Parish: _____

Class: _____

Please indicate if your child has -

A medical condition: _____

Any allergies. _____

Needs medication. _____

Special dietary requirements. _____

Any other information the leader may require: _____



Photo Consent

Photographs may be taken during activities for Diocesan publications and Facebook Page.

If you DO NOT want your child's photograph to be taken please tick. ()

Emergency Consent

In the event of your child being taken ill so that surgical operation or serum injection becomes necessary, I hereby authorise the leader in charge to sign on behalf any consent forms required, provided the delay necessitated to obtain my signature might endanger his/her health or safety.

Signed: _____

Date: _____

