

APPLY NOW! (BLOCK LETTERS PLEASE)

NAME: _____

ADDRESS: _____

EMAIL: _____

HOME PHONE: _____

DATE OF BIRTH: _____ (dd/mm/yy)

AGE ON 1st April 2010: _____ yrs _____ mths

SCHOOL: _____

FRIEND YOU'D LIKE TO SHARE TENT WITH:

ATTENDING ▶

Intermediate Camp (12-15yrs - 1st to 3rd year)
Senior Camp (15-19yrs - 4th year up)

FEES ▶ **€75 Camp Fees to be paid prior to camp**

I have enclosed € _____ :

Camp Fees of €75 (preferably paid in full prior to camp)

Or

Deposit of €20

Please make cheques payable to "MCC" and forward to Ruth Smyth

DO NOT POST CASH!

Reductions available for 3rd and subsequent family members

DON'T FORGET MEDICAL DETAILS!
(see reverse)



MEDICAL DETAILS

DOCTOR'S NAME: _____

DOCTOR'S PHONE NO: _____

PARENT'S MOBILE NO: _____

EMERGENCY MOBILE NO: _____

Do you have any dietary or medical conditions such as allergies, asthma, bed wetting, or any special needs?

YES NO

*(If the answer is yes, a detailed medical form will be forwarded to you for completion and **immediate return to Ruth Smyth**)*

Have you been vaccinated against tetanus?

YES NO

If yes, please give an approximate date: _____ (dd/mm/yy)

CAMPER ▶ I, _____
CAMPER'S SIGNATURE

have read and understood the camp rules.

CAMPERS UNDER 18 must have the *following* completed by a **PARENT** or **GUARDIAN** ▼

I permit this camper to attend camp. YES

NO

I give them permission to swim. YES

NO

I give permission for paracetamol, cough medicine, etc. to be administered if required. YES

NO

NAME OF PARENT/GUARDIAN (BLOCK CAPITALS) ↑

SIGNATURE OF PARENT/GUARDIAN & DATE ↑

