



Registering

Please print this form and complete it. All booking forms should be sent (with the appropriate fee) to the Rostrevor office. We cannot accept responsibility for late or lost bookings if not posted directly to the Camp Alliance Administration office at Kilbroney. Applications should arrive with us before Monday 7th July 2008. A separate application should be completed for each camper.

Permission

I give permission for my child to be resident at Camp Alliance.

Camper _____ DOB _____ Age _____

Address _____

Postcode _____

Telephone No _____

Email _____

Cost

Camp Alliance costs £150 / €190 per camper. There is a £15/ €20 discount for a third child in a family and each subsequent child attending. A deposit of £15/ €20 per camper should be sent with this form and full payment made before Monday 7th July.

All information is strictly confidential and should be provided as accurately and in as much detail as possible for the young person's benefit.

CONTACT 1 (FOR EMERGENCIES)(PARENT OR GUARDIAN)

Name: _____ Relationship to young person _____

Address: _____

Tel:(work): _____ (home) _____ (other) _____

CONTACT 2 (FOR EMERGENCY)(AUTHORISED BY PARENT/ GUARDIAN).

Name: _____ Relationship to young person _____

Address: _____

Tel:(work): _____ (home) _____ (other) _____

DOCTOR'S DETAILS

Name: _____

Address: _____

Tel: _____

Medical card No.: _____

MEDICAL DETAILS

Can he/she take Paracetamol (Panadol)? Yes No

Does he/she suffer any illness? Yes No

If yes, please state: _____

Does he/she have impaired vision Yes No

Impaired hearing Yes No

Other disability _____

Does he/she suffer from any allergies? Yes No

If yes, please state: _____

When did he/she last have a tetanus vaccine? _____

Has he/ she had an adverse reaction to anaesthetic? Yes No

If yes, please give details: _____

CURRENT MEDICATION

Is he/she taking any medication/ treatment? Yes No

Please give detailed instructions below of the medication, i.e. details of how much and how often to be taken _____

In the case of an emergency, counsellors will do everything possible to contact either of the contacts listed on this form, so that they can make the appropriate medical decisions for their child. (NB Only in extreme circumstances will counsellors make emergency medical decisions on behalf of parents).

I/we give permission for the child/ young person named above to take part in all activities NOT EXPLICITLY SPECIFIED. Although supervision will be maintained at all times, I/we understand that there will be activities which are physically demanding (e.g. swimming, hill walking): Please tick.

I/we feel that he/she should NOT participate in swimming. Please tick

I/we are willing for the above named child/ young person to attend Camp Alliance and will do my/ our best to encourage him/ her to obey the rules and give the Counsellors at Camp their support. Please tick.

SIGNATURES

Signature: _____

Relationship to camper: _____ Date: _____

Does this camper have special dietary requirements, allergies or are they vegetarian? Please specify. _____

Drop-off and Collection

Please indicate who will be leaving the camper to, and collecting them from camp.

Drop-off _____ Collection _____

Do not tick the following boxes! Place a number 1 and 2 in each of the sessions below, indicating your first and second choice of activity. We will make every effort to get each camper into their first choice activity- however it may also be possible to get your choices but in a different order. Choices will be confirmed 3 weeks before camp.

	Tuesday	Wednesday	Thursday	Friday
A.M.	<input type="checkbox"/> Archery <input type="checkbox"/> Canoeing <input type="checkbox"/> ROCK & WATER <input type="checkbox"/> Rock Climbing/ Abseiling <input type="checkbox"/> Kayaking <input type="checkbox"/> Tyroleans	<input type="checkbox"/> Media <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Pioneer <input type="checkbox"/> Beach <input type="checkbox"/> Cookery	<input type="checkbox"/> Coasteering <input type="checkbox"/> ROCK & WATER <input type="checkbox"/> Mountain Biking <input type="checkbox"/> Rock Climbing/ Abseiling <input type="checkbox"/> Canoeing <input type="checkbox"/> Climbing expd. o/n	<input type="checkbox"/> Cookery <input type="checkbox"/> Media <input type="checkbox"/> Pioneer <input type="checkbox"/> Dance <input type="checkbox"/> Sport
P.M.	<input type="checkbox"/> Cookery <input type="checkbox"/> Media <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Pioneer <input type="checkbox"/> Sport	<input type="checkbox"/> ROCK & WATER <input type="checkbox"/> Archery <input type="checkbox"/> Canoeing <input type="checkbox"/> Bouldering <input type="checkbox"/> Climbing expd. o/n	<input type="checkbox"/> Media <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Pioneer <input type="checkbox"/> Beach <input type="checkbox"/> Dance	

Fill in the table below to give the total amount payable for camp.

	ITEM	EURO		
Place at Camp Alliance (one week)	£150-00	€190-00	1	
Overnight climbing trip	£5-00	€7-50		
Extra '08 T-shirt (1x already included in booking) Please specify size s m l xl	£7-00	€10-50		
'07 T-shirt (brown) Please specify size s m l xl	£3-00	€4-50		
'06 T-shirt (red) Please specify size s m l xl	£3-00	€4.50		
Camp Alliance Campers' goody bag (Bag, wallet, log book, cap)	£5-00	€7-50		
Camp photo '08	£3-00	€4-50		
Total				

Confirmation of booking

When we have received your registration form and deposit/ payment we will send you a confirmation email/ letter. You will receive confirmation of your activities at least 3 weeks before camp.

Photography at Camp

As with previous years we will be taking photographs and video for publicity and this website. If you do not wish your son/ daughter to appear in them, please tick here.

