

CAMP LOCATION: MONKSTOWN MEADOWBROOK LOUGHLINSTOWN

DATES ATTENDING CAMP:

WEEK COMMENCING _____ MON TUE WED THU FRI ALL WEEK

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PARENT'S / GUARDIAN'S NAME

ADDRESS

PH. NO.

MOB.

EMAIL

CHILD'S NAME

D.O.B.

AGE

GENDER

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

Or any of the following:

- ADD / ADHD Allergy Asthma Autism Chronic illness
 Deafness Diabetes Epilepsy Heart problems Medication

Other: _____

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

If "No" nominated collectors are:

(1) NAME

TEL:

(2) NAME

TEL:

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

How did you hear about the camps:

- Internal Posters Staff Radio Newspaper
 Flyer Drop Brochure Website Email School

Other _____

I wish to receive further information on special offers and updates at your centres by post/email/SMS.

PARENT'S / GUARDIAN'S SIGNATURE:

STAFF SIGNATURE:

DATE:

STAFF NAME:

RECEIPT NO:

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