



Summer Camp Registration Form & Medical Details

Name: _____ **Date of Birth:** _____

Date of Visit From: _____ **To:** _____

Address: _____

Postcode: _____ **Email address:** _____

How did you hear about us? _____

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Tel No: _____ **Mob No:** _____

Do you suffer from any medical condition? _____

Please give details of any current medical treatment? _____

Has the individual been vaccinated against tetanus in the past 3 years? Y / N

Please give details of any allergies:

Please give details of anything that could prevent the individual from participating in an outdoor activity?

Name of Doctor: _____ **Doctor's Telephone No:** _____

Please tell us about any special dietary requirements? (e.g. Vegetarian, nut allergy) _____

Do you require - Early Drop Off? _____ **Time** _____ **Date** _____
Late Collection? _____ **Time** _____ **Date** _____

BOOK _____ **space(s) for(date)** _____ **-** _____ **(month)** _____ **2018,**
Price _____ **Deposit** _____ **Outstanding** _____

The above named(s) CAN / CANNOT SWIM (for information only, it is not a necessity & buoyance aid will be provided)

I DO / DO NOT agree to Carrowmena taking photographs as a means of promoting their business through displays, presentation, social networking sites and websites.

Acceptance of Responsibility

We supply qualified staff and specialist equipment, but all outdoor activities contain inherent risks. I agree and understand that the above named person (s) participate entirely at their own risk and I declare they have no medical/physical conditions that would preclude them from taking part. I consent to any emergency medical treatment necessary in the event of an accident.

Parent/Guardian Permission

NAME: _____ **DATE:** _____

SIGNED: _____

Office Use ONLY

Price: _____

Deposit Paid & Date: _____

Outstanding Balance Due: _____