

# CCYC APPLICATION FORM

Complete both sides of this form (IN BLOCK CAPITALS) and send to the Treasurer (address on the leaflet).

I wish to enrol for Camp and agree to abide by the rules.

Full Name.....  
Age in July (11-16) ..... Boy/Girl .....  
Address .....

Postcode..... Telephone.....

Email address (Parent/Guardian)  
.....

Emergency Contact Telephone No. (during Camp) .....

Is this your first time at Camp? YES / NO

How did you find out about Camp? .....

Is there one person you would like to share a tent with? \*.....  
(\*one person's name)

T-shirt size: Small  Medium  Large  X Large   
(tick box) 78cm/30ins 86cm/33ins 94cm/37ins 102cm/40ins

### RESIDUAL RISK ACCEPTANCE:

"I accept that there is a potential risk of injury to participants in the activities that the organisations offer that cannot be entirely eliminated."

Signed.....Parent or Guardian

Transport to and from the pick-up points listed. Please tick the appropriate box.

Hensingham, St. John's Church	<input type="checkbox"/>	Carlisle, Lancaster Street (Vaseys)	<input type="checkbox"/>
Moorclose (site of the former baths)	<input type="checkbox"/>	Aspatia, Beacon Hill School	<input type="checkbox"/>
Cockermouth, Lloyds Garage	<input type="checkbox"/>	Wigton, Lowmoor Road	<input type="checkbox"/>
Dearham, The Commercial	<input type="checkbox"/>	No transport required	<input type="checkbox"/>
Maryport, Victoria Crescent	<input type="checkbox"/>		

Do you give permission for your child's data (as captured on the application form) to be stored on the CCYC Database? YES / NO

Do you give permission for your child to be contacted for future camp activities? YES / NO

# HEALTH DECLARATION FORM

(To be completed by Parent or Guardian)

During his or her stay in Camp the health of your child will be our concern. In order that the best medical attention can be given to your child, should the need arise, we would appreciate it if you could complete this questionnaire. All information will be kept in the **strictest confidence**.

Child's Name .....

Date of Birth .....

Next of Kin (printed) .....Telephone.....

Name of Address of Family Doctor .....

.....

.....

Has your child ever had any of the following?

Heart Condition   
Fits, Fainting or Blackouts   
Severe Headaches or Migraine   
Anxiety or Depressive Tendencies

Asthma or Bronchitis   
Diabetes   
Allergy to any known drugs   
Any other allergies (E.g. food)

If the answer is yes to any of the above, please tick the appropriate boxes and give any necessary details.

Is your child on regular medication or does he/she use an inhaler? YES / NO  
(If so, please state name and dosage).

Does your child have any disabilities or medical conditions requiring special care or medication? (If so, please give details.) YES / NO

Has your child been immunised against Tetanus in the last 3 years? YES / NO

If there are any changes in the information, or any further information which may be useful to the Camp medical staff, please send details prior to Camp.

In the case of emergency I agree for my child to receive any medical/dental treatment (including anaesthetic if necessary) if it is required – as recommended by a licensed health care provider. In the event of such an emergency happening I understand every effort will be made to contact me (the parent/guardian) using the contact details on the form. Also, I agree that the CCYC Trustees will follow the "Child Protection Policy as required.

Signed..... Parent or Guardian

\*If you would like to see a copy of the Child Protection Policy please email [ccyc@btinternet.com](mailto:ccyc@btinternet.com)