CCYC APPLICATION FORM

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

I wish to enroll for Camp and agree to abide by the rules. I enclose a non-returnable deposit of £30. (if you required a receipt please enclose a stamped addressed envelope).

Cheques to be made payable to CCYC or BACS S/Code: 01-09-54, Account No: 01032933

Full Name							
Age in July (11-16)Boy/Girl							
Address							
Postcode							
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 adventurous							
activities that the organisations offer that cannot be entirely eliminated."							
SignedParent or Guardian							
Transport to and from the pick-up points listed. Please tick the appropriate box.							
Hensingham, St. John's Church Carlisle, Lancaster Street (Vaseys)							
Moorclose (site of the former baths) Aspatria, Beacon Hill School Cockermouth, Lloyds Garage Wigton, Lowmoor Road							
Dearham, The Commericial Wigton, Lowincol Road Wigton, Lowincol Road							
Maryport, Victoria Crescent No transport required							

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?

(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 ans	wer is yes to a	any of the abov	e, please	tick the	appropriate	boxes and	give any
necessar	y 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	s.)				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