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 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: Child Large Child XL Small Adult Medium Adult (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." Signed			
Transport to and from the pick-up points listed. Please tick the appropriate box. Hensingham, St. John's Church Workington Cockermouth, Lloyds Garage Dearham, The Commericial Maryport, Victoria Crescent Carlisle, Lancaster Street (Vaseys) Aspatria, Beacon Hill School Wigton, Lowmoor Road Wigan, Hope Church Ashton No transport required			
Do you give permission for your child's data (as captured on the application form) to be			

Do you give permission for your child to be contacted for future camp activities?

stored on the CCYC Database?

YES / NO

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.

strictest confidence.		•	
Child's Name Date of Birth Next of Kin (printed)			
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 (If so, please state name and dosage).	e/she use an inhaler?	YES / NC	
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 Tetan	us in the last 3 years?	YES / NC	
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.			