

# CCYC APPLICATION FORM

Please complete both sides of this form (IN BLOCK CAPITALS) and send a email to [CCYC@btinternet.com](mailto:CCYC@btinternet.com) or to the address on the information leaflet.

I wish to enroll for Camp and agree to abide by the rules. I enclose a non-returnable deposit of £30.

**Please note our change in bank details.**

BACS: Sort Code: 405240, Account No: 73004914 (Cheques to be made payable to CCYC)

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 child's first time at CCYC? 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: Large Child  **78cm/30ins** XL Child  **86cm/33ins** Small Adult  **94cm/37ins** Medium Adult  **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..... Parent or Guardian

We offer transport to and from the following pick up points. If you would like transport please tick the appropriate box:

**Hensingham, St John's Church**  
**Workington**  
**Cockermouth, Lloyds Garage**  
**Dearham, The Commercial**  
**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 stored on the CCYC Database? Your data will only be used for CCYC planning only.

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 Full Name .....

Date of Birth .....

Next of Kin.....

Name & Address of Family Doctor.....

.....

Has your child ever had any of the following? (Tick any that apply)

- |                                  |                          |                                |                          |
|----------------------------------|--------------------------|--------------------------------|--------------------------|
| Anxiety or Depressive Tendencies | <input type="checkbox"/> | Heart Condition                | <input type="checkbox"/> |
| Fits, Fainting or Blackouts      | <input type="checkbox"/> | Diabetes                       | <input type="checkbox"/> |
| Severe Headaches or Migraine     | <input type="checkbox"/> | Allergy to any known drugs     | <input type="checkbox"/> |
| Asthma or Bronchitis             | <input type="checkbox"/> | Any other allergies (E.g.food) | <input type="checkbox"/> |

If the answer is yes to any of the above, Please give any necessary details:

.....

.....

.....

Is your child on regular medication or do they use an inhaler? YES  NO

If yes, please state name and dosage: .....

.....

Does your child have any disabilities or medical conditions requiring special care or medication? YES  NO

If yes, please give details: .....

.....

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

If there are any changes in the information provided, or any further information which may be useful to the CCYC medical team, 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)