

Application Form

Camp Creideamh Study Day, 4th Jan

[please print this and fill in by hand]

1.0 Data protection

This form will be held on file, in accordance with the data protection policy of the Diocese of Cloyne. The data entered will be used only for the purpose indicated on the form. It may only be accessed by those with responsibility for managing records or group activities.

2.0 Group details (to be completed by organiser)

Name of group: Camp Creideamh, Corrin Events Centre, P61EE37

Duration/frequency of activity from (start date/time): 4th Jan 2020, 10am

To (end date/time): 4th Jan 2020, 5.30pm

Name of organiser: Fr Eamon Roche (Camp Creideamh)

3.0 Details of the child/young person

Name of young person: _____
(you may put more than one child here)

Address:

Date of birth: _____ Gender: **Male** **Female**

4.0 Other relevant information

(Please mention any medical conditions, special needs or dietary requirements).

Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures

5.0 Guardian contact details

Name: _____

Daytime phone number: _____

Home phone number optional _____

Mobile: _____

Email: optional _____

Contact information for emergency use only (if different from the information given above)

6.0 In cases of a medical emergency

In the event of illness or an accident, I give permission for medical treatment to be administered to my child, where considered necessary, by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency I can be contacted at the telephone numbers provided on the previous page:

- I understand that photographs may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the (insert name of Church body). **Camp Creideamh.**
- I understand that **photos only, minimal** videos (which may include webcam) may be taken during the group activities, and I give my permission for these to be used in any hard copy/online (delete as appropriate) publications by the (insert name of Church body). **Camp Creideamh**

8.0 Guardian's consent

I agree to allow the above-named child/young person to attend meeting(s) of the (insert name of group), at the times and dates stipulated in section 2.0 in accordance with the permission granted by (insert name of child/young person) above. I understand that there will be suitable supervision and an agreed code of behaviour while the children/young people are in the care of the organisers.

Signed: _____

Print name: _____

Relationship to child/young person: _____

(Parent/Guardian)

There is no need to post this form to me beforehand

Just bring the completed form with you on Jan 4th

There is no limit to the number of places

However, please alert me, Fr Roche, asap, to your attendance or possible attendance via:

086 9972539, also on Whatsapp, or, eamon@rochetree.com