



## Summer Camp 2024 Registration Form

**Please complete one form per person**

Name	
Age	
D.O. B	
Address	
Postcode	

**Please tick which month / day your child will be attending**

Summer Camp 3 <sup>rd</sup> July – 5 <sup>th</sup> July		Summer Camp ( August TBC )	
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Day 1		Day 2		Day 3	
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**Please Detail any relevant Medical Conditions**

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(Please bring **any Medication/inhaler's** with you each day and make the **Registration Rep** aware of the items)

**Person to Contact in an Emergency**

Name	
Address	
Postcode	
Tel Home Number	
Mobile Number	
Work Number	
Email	
Relationship to applicant	

Photographs may be taken for promotional purposes. If you are happy for photographs to be taken, please tick:

Yes		No	
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I Consent to emergency medical treatment being given if deemed necessary during the activities.

Name (please print)
Signature
Date