

CONFIDENTIAL

JYM 2010 Application Form

Religious Society of Friends (Ireland)

Participant's full name:

Participant's address:

Date of birth:

Been to JYM before?

Name of parent(s):

Emergency contact number:

Home

Work

Mobile

Details of any known condition, allergies etc. (e.g. asthma, diabetes, epilepsy) and any medication being taken:

Name and phone number of GP:

Will participant be administering their own medication?

Dietary requirements:

Any other special needs, requirements or directions that would be helpful for the leaders to know about:

Travel arrangements:

Are you planning to travel with the group from Dublin?

If not, please advise how you intend to travel to JYM:

Will you need a seat on the minibus from Waterford to Mount Melleray

on 1st April

on 5th April

How are you travelling home on 5th April?

Please indicate amount of payment included with this form:

£/€

Please return to: Nicholas McMurry, 92 Blarney Street, Cork with a cheque for €120/£110

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I give permission for my child to attend **JYM 2010, 1st – 5th April at Mount Melleray Scout Centre** and to participate in all their activities. I am aware that some of the activities involve photography and videoing and I give permission for my child to be involved and for these images to be used e.g. showing the video at future events.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any phone number given above.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. If the child should require emergency treatment, I authorise the leader to seek this and the leader will also do their utmost to contact me.

I confirm that the above details are correct to the best of my knowledge.

Signature: (Parent / Guardian). Date:

Name printed in full:

I am aware that alcohol, mind altering and illegal drugs are not allowed, and if found, will result in my being sent home. I acknowledge the need for helpful and responsible behaviour on my part.

Signature of participant:

.Date: