

JUNIOR MOYALLON CAMP

Full Name:

Home Address:

Postcode:

Telephone Number:

Next of Kin:

Relationship (e.g. mother):

Address:

Telephone Number: Home:

Work:

Mob:

Date of Birth:

Age:

Alternative name and contact number (in emergency)

Contact name:

Relationship (e.g. Aunt):

Address:

Telephone Number:

Details of any known conditions, allergies etc.
(eg Asthma, diabetes, epilepsy)
and medication being taken:

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

Details of any special dietary requirements.

When did the participant last receive a tetanus injection?

Name of Doctor:

Address:

Telephone Number:

During the course of the event, group
photographs may be taken to record the
event and used in future publicity. If you
do not wish you son/ daughter to be
included, please tick here-

I am aware that alcohol 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 young person: _____ email address _____

@ _____ Date: _____

I agree to my son / daughter taking part in this residential and, having read the programme, agree to their participation in the activities described. 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.

Signature of parent / guardian: _____ Date: _____

I agree to my son/daughters email address being added to a data base to be used by the YM Youth Coordinator for mailouts etc

Signature of parent /guardian _____ Date _____

DATA PROTECTION:

We are collecting this information so as to help ensure that activities for children and young people organised by Friends are in compliance with the Child Safeguarding Policy in place within the Religious Society of Friends.

The purpose of the policy is to protect children and young people from harm.

If you are unable to supply the information requested, we will be unable to register your child to attend the camp.

Only those specifically involved in the organisation of the camp will have access to the information on this form.

We will NOT pass this information onto anyone else.

This form will be kept in a securely locked cupboard or in electronic format on a password protected computer.

**Return the completed application form with full payment by 27th May to -
Cherith Boyd, 'The Orchard', 16 Crewcatt Road, Richhill, Co. Armagh, BT61 8QN**

We prefer all Sterling payments to be made by bank transfer to:

Junior Moyallon Camp , Ulster Bank , Account No: 78066040 , Sort Code: 98-12-90

Cheques are accepted where bank transfer is not possible: Payee - Junior Moyallon Camp

Euro payments to be paid by cash on arrival at camp.

Cost is £30 / €35 for First Child and £25 / €30 for any additional Children