

## **SUMMER CAMP CHILD INFORMATION FORM**

This form MUST be COMPLETED FOR EACH CHILD AND TAKEN TO THE SUMMER CAMP on the first morning. Please hand the form in to your CAMP MANAGER or COACH.

## **PARTICIPANT DETAILS**

## **PARENT / GUARDIAN DETAILS**

				_		
First Name				Parent First Name		
Surname				Parent Surname		
Date of Birth				Parent Mobile	•	
Gender				Other Telephone	9	
Address				Email #		
City/Town/County				Email #2	2	
Postcode						
•	gies/medicose of the	al problems, inclu above listed inforr	ding those re	quiring maintenanc		ions (i.e. Diabetic, Asthma, Seizure have details of any medical problem
Medical Diagnosis		Medication Dosage				Frequency of Dosage
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your child. By signing Privacy Policy (which	JSE PHOT tographs a g this form, can be for	rOGRAPHS AND nd/or videos of Pa , you grant us perr und on our website	nticipants on on the control of the	the photographs ar our printed publicati	nd/or video ons, promo	otographs and/or videos may feature in accordance with the terms of our otional materials, in the advertising or o use for the same purposes.
DISCLAIMER						
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SIGNATURE						
	ission for u	s to use photos an		· · · · · · · · · · · · · · · · · · ·		Conditions (available on our website) redical attention to be administered to
Parent/Guardian Sig	nature				Date	