



Castledaly Manor Consent Form

EASTER COOKERY CAMP

27th -29th March



**Please note this form MUST be filled out by
parent/guardian**

Camper's Information

Forename: _____

Surname: _____

D.O.B: _____

Gender: _____

Age at camp: _____

Home Address: _____

Home Phone: _____

Current Class/Year: _____

*Does the camper have any of the following we
should be aware of?*

- Medical Conditions: Yes ___ No ___

If yes, please state: _____

- Dietary Requirements: Yes ___ No ___

If yes, please state: _____

Emergency Home Contact: _____

Phone Number: _____

Family Doctor's Name: _____

Doctor's Number: _____

Parent/Guardian Information

Forename: _____

Surname: _____

Address if different: _____

Home Phone: _____

Mobile Phone: _____

Email Address in block capitals: _____

If you wish to receive correspondence by post only, please indicate so below.

By signing below, you give your consent to the following:

- I, the Parent/Guardian hereby give my consent for the above named to attend BCM Camp.
- I consent to the above named to participate in all on-site activities all under proper supervision
- I consent to the above named being included in photographs of the activities

In order that the camp be enjoyable for all, certain rules must apply and I accept that the above named must abide by these rules.

If you have any issues with the above, please contact us.

Signed: Parent/Guardian

I enclose: € _____

**Cheques or Postal orders to be made out to
BCM Ireland**

Return to:

Easter Cookery Camp
Castledaly Manor,
Castledaly,
Athlone,
Co. Westmeath

Tel: 086 1605 175

Email: camps@bcmireland.ie