

Child 1: Name _____ Date of Birth _____ Camp: 3—6 years 7—12 years

Child 2: Name _____ Date of Birth _____ Camp: 3—6 years 7—12 years

Child 3: Name _____ Date of Birth _____ Camp: 3—6 years 7—12 years

Parent/Guardian Name _____ Mobile No. _____

Email _____ Emergency Contact No. _____

Address _____

Allergies _____

Please indicate any medical conditions or special needs we ought to be aware of. _____

By signing below I acknowledge I have read and agreed to the booking conditions.

I enclose € _____ (Non-Refundable deposit €20) Parent/Guardian Signature _____ Date _____

Booking conditions: Payment is regarded as acceptance of the booking conditions. Any participant whose conduct is deemed by the camp manager to be detrimental to the best interest of the programme will be dismissed - no refund will be made. • Cancellations made up to 14 days before the camp commences will receive a 50% refund. No refunds will be given for cancellations within 14 days of the camp. Teach Abhaile no responsibility for items lost/stolen or damaged on the premises. • We at Teach Abhaile reserve the right to modify or delete any activity in the event of unforeseen circumstances. Photographs and video footage may be taken for promotional reasons. Places are limited and will be on a first come first served basis. • Permission is granted to seek medical treatment in the event of an accident.