

Name: _____ Age: _____

Address: _____

Contact number: _____ Additional contact number: _____

Email address: _____ D.O.B: _____

Medical conditions (if any): _____

(Which may affect participation)

What summer camp/s would you like to book?

Starfish

Sharks

Trailblazers

Adventurers

Which date/s would you like to book?

Wk 1: 2nd-6th July

Wk 2: 9th-13th July

Wk 3: 16th-20nd July

Wk 4: 23rd-27th July

Wk 5: 30th Jul 3rd Aug

Wk 6: 6th-10th Aug

Wk 7: 13th-20th Aug

Wk 8: 20nd-24th Aug

Wk 9: 27th-31st Aug

PLEASE ENCLOSE A NON REFUNDABLE DEPOSIT OF €100

Booking Conditions

1. A non refundable deposit must be paid on booking, with the balance payable no less than 2 weeks before arrival at the centre
2. If D.E.A.C. is unable to place you on a suitable course then the deposit will be returned.
3. Participants with any medical conditions, illness, injury or any medication must provide evidence that they are suitable to take part in activities. **A medical certificate is required for this purpose.**
4. **Persons partaking in water activities must be water confident.** If unsure, please contact the centre to discuss suitability.
5. Persons must be generally physically fit to take part in all activities
6. Persons must be willing to comply with all safety regulations and carry out instructions as requested by the staff at the centre.
7. D.E.A.C. reserves the right to cancel or alter any programme as it deems necessary. In the event of cancellation an alternative programme or date can be arranged.
8. Any accident or incident must be reported to a staff member, instructor or member of DEAC management.
9. All participants under the age of 18 have received parental/guardian's consent to participate and each parent or guardian was given prior notice by the group leader about the upcoming DEAC event. The group would need to retain evidence that they have notified parents.

I HAVE READ AND UNDERSTOOD AND AGREE TO ALL OF THE ABOVE CONDITIONS.

SIGNED: _____ (Parent or Guardian to sign)

From time to time we may take photos/video of our activities for promotional purposes. Please tick this box if you wish to opt out

If you do not wish to receive special offers/ information/ e-zines please tick the box

Credit card Booking-	<u>Subject to 2.5% booking fee</u>
Card Holder Name: _____	Holder's Address: _____
Card Number _____ / _____	_____
Card Type: Visa <input type="checkbox"/> Master card <input type="checkbox"/> Laser <input type="checkbox"/>	_____
Expiry- / / . Security Code ___	_____
Amount to be deducted- € _____	Signature- _____

How did you hear about the centre???	Previous visit <input type="checkbox"/>	Radio <input type="checkbox"/>	Paper <input type="checkbox"/>	Friend <input type="checkbox"/>
School tour <input type="checkbox"/>	Exhibition <input type="checkbox"/>	local business <input type="checkbox"/>	(if so, which business; _____)	

DEPOSIT RECEIVED <input type="checkbox"/>	AMOUNT RECEIVED: _____	DATE RCVD : _____ / _____ / _____
<i>Please return to- Dunmore East Adventure centre, Dunmore East, Co Waterford</i>		