

CAMPA na nÓg 2017

CEATHARLACH

(Carlow's Junior Summer Camp *trí Ghaeilge*)

DÁTAÍ: 10-14 July, 2017

10.00am-1.00pm

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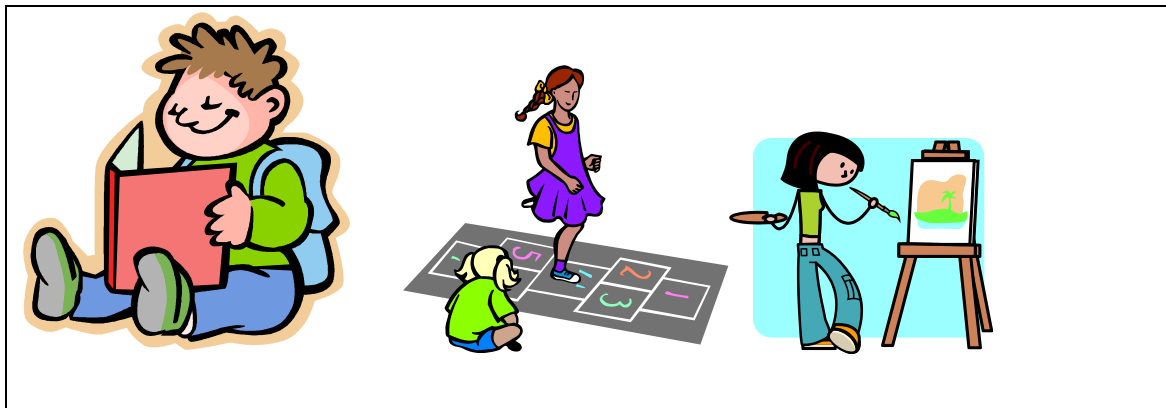
IONAD/BASE: Naíonra Cheatharlach

(St. Fiacc's Swimming Complex, Graiguecullen)

AOIS /AGE: 4 + years

TÁILLE/FEE: €40

EOLAS/INFO: 059 9158105, 085 1340047 emma@glorcheatharlach.ie



***Ealaíon/Arts *Ceardaíocht/Crafts *Cluichí/Games**
***Turasanna/Trips *Spórt & Spraoi/Fun and Games**

CAMPA NA nÓG CHEATHARLACH 2017

CLÁRÚ & EOLAS / ENROLMENT DETAILS

Ainm / Name: _____

Seoladh / Address: _____

Dáta Breithe/ Date of Birth: _____

Aois/Age: _____

Scoil/ Preschool/School: _____

Tuistí-Caomhnóirí/Parent(s)/Guardian(s): _____

Teil Baile/ Home Phone no: _____

Teil Oibre/ Work no: _____

Dochtúir Clainne/ Family Doctor: _____

Cursaí Leighis:

1. Is there any medical history or other special needs which camp organisers should know about your child? Tá/Yes _____ Níl/No _____

If yes please explain: _____

Griangraf:

2. Do we have your permission to use your child's photo for CAMPA na nÓG purposes?

Tá/ Yes _____ Níl/No _____

CEAD: PLEASE READ CAREFULLY BEFORE SIGNING:

I wish my child _____ to participate in Campa Samhraidh na nÓg 2017. I understand that I carry full responsibility for my child's welfare, medical needs, etc. I understand that Campa has Public Liability Insurance Cover and that the children take part at their own risk. Campa organisers, while making every effort to contact me, have my permission to contact a doctor, ambulance or other services in case of an emergency. I do not expect the Campa 2017 organisers to be responsible for my child outside of Campa days and times.

Siniú/Signed _____ Dáta/Date _____

Airgead Íocta/ Amount Paid: € _____

Cheques to be made payable to **CEATHARLACH LE GAELGE.**

Clárú/Registration: Please return to Glór Cheatharlach, Sráid an Choláiste, Ceatharlach. Guthán: (059) 9158105 , (085) 1340047 or email to emma@glorcheatharlach.ie