

CASTLECONNELL BOAT CLUB

SUMMER CAMP 2017

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Name: _____ School: _____

Address: _____

Home phone: _____ Mobile: _____ Email: _____

Date of Birth: ____/____/____ Gender: Male / Female

Parent Name 1: _____ Mobile: _____ Email: _____

Parent Name 2: _____ Mobile: _____ Email: _____

RULES OF THE CLUB

1. I agree to abide by the request of the Club Captain, and coaching staff at all times
2. I agree to behave in a proper and respectful manner to my fellow rowers at all times
3. I will respect all Club equipment and facilities at all times
4. I understand that photographs or video footage may be taken, by an accredited person during the camp and may be used in the promotion of the Club
5. I am able to swim
6. I will abide by the Rules of the River and Safety on the River that will be explained to me

Rowing Experience if any: _____

Do you suffer from any underlying medical condition or allergies? Yes / No

If 'yes' please give details _____

Please bring change of clothes, towel, suncream, swimming togs, sun hat and fluids

Parental Consent: In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication

Signed by Rower: _____ Date: _____

Signed by Parent: _____ Date: _____

Signed by Coach: _____ Date: _____

OFFICE USE ONLY

June			July			August		
w/beg	10am - 1pm	2pm - 5pm	w/beg	10am - 1pm	2pm - 5pm	w/beg	10am - 1pm	2pm - 5pm
12 th			3 rd			14 th		
19 th			17 th			21 st		
26 th			24 th					
			31 st					
Amount Paid	€	€85 per week				CBC <input type="checkbox"/> other <input type="checkbox"/>		
		pre-paid <input type="checkbox"/> cash <input type="checkbox"/> cheque <input type="checkbox"/> bank t/f <input type="checkbox"/>						

Coach's Notes:

No changes permitted to Weekly Schedule from 6pm on the Friday prior to the start of the Camp