



Easter BMX Camp

Child's Information

Name: _____

Age: _____

Gender: Male Female

Date of Birth: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Medical Information

Any allergies/illnesses or medical conditionals:

Any medication and times medication to be taken:

Please sign to say that you give permission for an authorised Adult to administer medication as stated above: _____

Emergency Contact Details:

1st Contact Name: _____ Relationship: _____

Telephone No: _____ Work No: _____

2nd Contact Name: _____ Relationship: _____

Telephone No: _____ Work No: _____

BMX Camp Dates:

Week 1		Week 2	
Monday 15th April	<input type="checkbox"/>		
Tuesday 16th April	<input type="checkbox"/>		
Wednesday 17th April	<input type="checkbox"/>	Wednesday 24th April	<input type="checkbox"/>
Thursday 18th April	<input type="checkbox"/>	Thursday 25th April	<input type="checkbox"/>
Friday 19th April	<input type="checkbox"/>	Friday 26th April	<input type="checkbox"/>

Do you already have a Cycling Ireland Licence? Yes No

If No, you will need to purchase one before the camp begins or through the club at the cost of: Under 10 - £9, Under 14 - £18, Under 16 - £32

Week 1 (5days): £60 Equipment Hire: £10 per item

Week 2 (3days): £40 Equipment Hire: £5 per item

Daily Price £15 Equipment Hire: £2 per item

Please state what you would need to hire and sizes (these will be issued on first booked, first served basis):

Total Cost: _____

Parents Consent:

In the event of illness or accident, I give permission for first aid to be administered where considered necessary by a nominated First Aider, or suitably qualified medical practitioner. In case of emergency, I understand that staff will do everything possible to contact the parent / guardian so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my / our behalf.

I give my consent for my child to be photographed / videoed for the use of publicity only, which may include Lisburn BMX Club / Sponsor's websites and associated social media sites.

Parent Signature: _____ Date: _____