



# Centre for Lifelong Learning

St. Angela's College, Lough Gill, Sligo, Ireland

## JUNIOR ACTIVITY CAMPS 2017

### PLEASE SELECT CAMP

**Coláiste San Aingeal – Monday 19<sup>th</sup> June – Friday 30<sup>th</sup> June (Excl.Sat & Sun)**  
(1 student €260 \*2 students €480 \*3 students €710)

**Robotics Summer Camp – Monday 17<sup>th</sup> July – Thursday 20<sup>th</sup> July (Incl.4 days)**  
(1 child—€90 \*2 Children €160)

**Alternative Summer Camp 1 – Monday 3<sup>rd</sup> July – Friday 7<sup>th</sup> July (Incl.5 days)**  
(Book before 1st May 1 Child €110 \*2Children €210 \* 3 Children €310)  
(Book after 1st May 1 Child €125 \*2Children €230\* 3 Children €340)

**Alternative Summer Camp 2 – Monday 10<sup>th</sup> July – Friday 14<sup>th</sup> July (Incl.5 days)**  
(Book before 1st May 1 Child €110 \*2Children €210 \* 3 Children €310)  
(Book after 1st May 1 Child €125 \*2Children €230\* 3 Children €340)

### PERSONAL DETAILS

Name Parent /Guardian: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency other person to contact : \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Have any of your children attended one of our camps before ? Yes  No   
If yes which camp and year ? \_\_\_\_\_

**CHILDRENS DETAILS (First Child)**

Child's name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Class entering in September \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

Name of Irish Teacher (Coláiste San Aingeal only) \_\_\_\_\_

Camp & date attending \_\_\_\_\_

Does your child have any allergies and or medical conditions? Yes  No

If yes: Please give us full details of the extent of the allergy/medical condition and any interventions / medicines your child is taking. Please Include Doctor / G.P contact details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by camp rules. Signed—Child attending camp : \_\_\_\_\_

**CHILDRENS DETAILS (Second Child)**

Child's name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Class entering in September \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

Name of Irish Teacher (Coláiste San Aingeal only) \_\_\_\_\_

Camp & date attending \_\_\_\_\_

Does your child have any allergies and or medical conditions? Yes  No

If yes: Please give us full details of the extent of the allergy/medical condition and any interventions / medicines your child is taking. Please Include Doctor / G.P contact details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by camp rules. Signed — Child attending camp : \_\_\_\_\_

**CHILDRENS DETAILS (Third Child)**

Child's name \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Class entering in September \_\_\_\_\_

School name \_\_\_\_\_

School address \_\_\_\_\_

Name of Irish Teacher (Coláiste San Aingeal only) \_\_\_\_\_

Camp & date attending \_\_\_\_\_

Does your child have any allergies and or medical conditions? Yes  No

If yes: Please give us full details of the extent of the allergy/medical condition and any interventions/ medicines your child is taking. Please Include Doctor / G.P contact details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by camp rules. Signed—Child attending camp: \_\_\_\_\_

**Free Shuttle Bus**

Do you wish to avail of our daily free shuttle bus service from Summerhill College to St. Angela's College ?

Yes  No  Maybe

**How did you hear about St. Angela's Activity Camps ?**

Newspaper  Radio  Poster   
Friend/Colleague  Website  Other

Other, please give details \_\_\_\_\_

**Photo and Video consent**

Photos and videos will be taken during camp for promotional use by St. Angela's College only. Please tick relevant box

I give my consent to photographs / video

I **do not** give my consent to photographs/video

Signed: Parent /Guardian \_\_\_\_\_

**Payment details :**

|                                  |     |                          |    |                          |  |
|----------------------------------|-----|--------------------------|----|--------------------------|--|
| *Deposit €40 enclosed.           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| *Deposit €40 through PayPal.     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <a href="http://www.cll.ie/activitycamps">www.cll.ie/activitycamps</a> |
| Payment in full enclosed.        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| Payment in full through PayPal . | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <a href="http://www.cll.ie/activitycamps">www.cll.ie/activitycamps</a> |
| Family Discount                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| Early Bird Discount              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |

\*Booking deposit €40 required for each child

Cheques or Postal Orders to be made payable to St.Angela’s CLL Activity Camps

Applications forms may be posted to : CLL Activity Camps 2017,St.Angela’s College, Lough Gill, Sligo

*If you have any other queries or require further information please do not hesitate to contact us :*

Tel.: +353(0)71 914 3580    Email : [info@cll.ie](mailto:info@cll.ie)    [www.cll.ie/activitycamps](http://www.cll.ie/activitycamps)

**Terms and Conditions**

I have read and understand the terms and conditions of booking below.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_  
Parent /Guardian

Cancellations made up to 10 days before the camp begins will receive 50% refund. No refund for cancellations received less than 10 days before the camp. We will operate to the highest safety standard. The applicant agrees that the Centre for Lifelong Learning and its employees will not be held responsible for any accidents or loss of personal property, however caused. Any participant whose conduct is deemed by the camp manager to be detrimental to the best interest of the camp will be dismissed and no refund will be made. Places are allocated on a first come first served basis. Permission is granted to seek medical treatment in the event of an accident. A confirmation email or text will be sent as proof of booking. Payment is regarded as acceptance of booking conditions. Internet will be used in computer sessions and students will be supervised at all times.



[www.cll.ie/activitycamps](http://www.cll.ie/activitycamps)

