



**-REGISTRATION FORM** Year: \_\_\_\_\_

Registration Fee: **€20 annually**

Bank Transfer  Cheque  Cash

*(Please select method of payment used above)*

Name of child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Child's diagnosis: \_\_\_\_\_

School/Centre Name & Address: \_\_\_\_\_

Class: \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY (Parent's / Guardian's)**

Guardian 1: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**EMERGENCY CONTACTS: (please provide two additional people, **different** from the parent(s)/guardian(s) listed above.)**

First Contacts Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Second Contacts Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies: No  Yes  Explain?

\_\_\_\_\_

Does your child have any medical conditions the staff should be aware of: No  Yes  Explain?

\_\_\_\_\_

Does your child take any medication: No  Yes  Explain?

\_\_\_\_\_

Doctors Name: \_\_\_\_\_ Contact no: \_\_\_\_\_

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

Please give any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating habits, special fears, special likes or dislikes):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DATA CONCENT FORM

**In order for CAPS to be compliant with the new EU General Data Protection Regulations, we are required to ensure that we receive your explicit consent to record and store your personal data and the personal data of your child – therefore we will be unable to process this registration unless the below sections have been completed in full**

**Guardian 1:** I (insert name) \_\_\_\_\_ agree / do not agree (delete as appropriate) that CAPS will record and securely store my Contact Name, Address, Contact Phone Numbers and e-mail address for the purpose of communications re activities and camps that CAPS organise and for contact details should contact need to be made with me at any time relating to CAPS, for the period of 1 year's membership from date of registration.

I (insert name) \_\_\_\_\_ Parent / Carer (delete where appropriate) agree / do not agree (delete as appropriate) that CAPS will record and securely store my photo for the purpose of recording CAPS events and such photos may be used in CAPS Communications, Social Media and event advertisements for the period of 1 year's membership from date of registration.

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**Guardian 2:** I (insert name) \_\_\_\_\_ agree / do not agree (delete as appropriate) that CAPS will record and securely store my Contact Name, Address, Contact Phone Numbers and e-mail address for the purpose of communications re activities and camps that CAPS organise and for contact details, should contact need to be made with me at any time relating to CAPS, for the period of 1 year's membership from date of registration.

I (insert name) \_\_\_\_\_ Parent / Carer (delete where appropriate) agree / do not agree (delete as appropriate) that CAPS will record and securely store my photo for the purpose of recording CAPS events and such photos may be used in CAPS Communications, Social Media and event advertisements for the period of 1 year's membership from date of registration.

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I (insert name) \_\_\_\_\_ Parent / Carer (delete where appropriate), of child (insert name) \_\_\_\_\_ agree / do not agree (delete as appropriate) that CAPS will record and securely store the name of this child, the child's diagnosis and any relevant medical information for the purpose of ensuring the child's needs can be fully met during camps/activities and in CAPS care, for the period of 1 year's membership from date of registration.

I (insert name) \_\_\_\_\_ Parent / Carer (delete where appropriate), of child (insert name) \_\_\_\_\_ agree / do not agree (delete as appropriate) that CAPS will record and securely store the photo of this child for the purpose of recording CAPS events and such photos may be used in CAPS Communications, Social Media, event advertisements and promotional/souvenir circulations examples of which include but not restricted to DVDs of camps, calendar and photo albums; for the period of 1 year's membership from date of registration.

If the sections are not completed those taking the forms should be returning the forms to the person who has filled them in as we have no right to have the information and we will need to ensure consent is given for the first two items and record whether consent is given or not for the third.

*Please understand it is not possible for your child/ren to partake in camps/activities if we cannot hold any records on you at all.*

**Due to limited availability at designated activities and outings the Camp Leader's decision is final.**

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date