

## CAPE CLEAR

15<sup>th</sup> – 17<sup>th</sup> Sept 2017

CDYC are heading back to Cape Clear!  
If you have been before then you probably won't need much convincing to go again.

There will be plenty of activities & loads of craic!

So sign up and pack your bag for a full-filled weekend.

### **WHAT TO BRING:**

- Old runners for beach activities
- Swimwear
- Towel
- Spare Clothes/Changes of clothes
- Rain jacket/Warm jumper
- Wash bag
- Spending Money
- Tray bakes/Biscuits/Cakes

### **ACTIVITIES:**

- Games, Walks, Beach, Goat Farm

### **A FULL DAY OF BEACH ACTIVITIES ON SATURDAY:**

- Kayaking
- Bouldering
- Snorkelling

**COST:** €60pp/€100 for 2 siblings

(Financial assistance is available if required contact Judy Peters on [judith.m.peters@gmail.com](mailto:judith.m.peters@gmail.com))

### **BOOKING IS ESSENTIAL.**

Your forms and full payment (cheques made payable to Cork Diocesan Youth Council) **MUST** be returned before the **6<sup>th</sup> SEPT 2017** to:

Mrs. Judy Peters,

The Deanery,

Rosscarbery, Co.Cork

### **TRAVEL INSTRUCTIONS:**

**MEET AT 5.30PM** on Baltimore Pier Friday 15<sup>th</sup> Sept. (Ferry leaving at 6pm sharp).

Return to Baltimore Pier @ 6pm Sunday 17<sup>th</sup> Sept.

Fill in your details here:

Name

Address

Participant's Mobile Number

Participant's e-mail

Date of Birth

Special Dietary/Medical Requirements

Parental Consent

Name of Parent/Guardian

Address (if different from Participant's)

Email address of Parent/Guardian

Home Phone Number

Mobile Number

Emergency Contact Number

Name of Participant's GP

Phone Number of GP

I give permission for my child to go to Cape Clear on the 15<sup>th</sup>-17<sup>th</sup> Sept 2017 and to participate in all activities.

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated First Aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I give permission for my son's/daughter's photograph to be used in future publicity, whether printed, by email or on the website of the CDYC

(If YES, please tick)

I give permission for myself, my son/daughter to be contacted via phone/text/email in relation to the CDYC

(If YES, please tick)

**I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT**

Signature(Parent/Guardian):

Date: