

CAMP JUICE 2010....

'The Adventure Continues'

Dear Parent/ Guardian

We are planning to take a group of young people to Killary Adventure Centre for A FEW DAYS OF ACTION: LASER COMBAT, KAYAKING, HIGH ROPES, BUNGEE JUMP!!!! AND LOADS OF FUN IN BETWEEN.

Stevie Brickenden and Mark Dunwoody will be the leaders in charge of the group and they will be supervised at all times. The event is being run under the auspices of the Youth Council of the United Dioceses of Tuam, Killala and Achonry, where Stevie is the Youth Officer. Killary Adventure Centre is located in Leenane, Co. Galway.

All young people aged 15-18 are invited to attend.

The Dates will be 18th- 21st Feb 2010. (Half-Term Break)

The approx cost will be €156. (Cheques can be made payable to " T.K.A. Youth ".

This will be a fantastic and exciting opportunity for your child to learn new sports and to explore their faith.

Places are going to be very limited this year (*closing date for applications 15th January 2010*)

So please return the attached form + fee by post to

Steven Brickenden, Aughagower, Westport, Co Mayo.

Feel free to give me a ring on the number above for a chat with any questions you may have.

For further info check out: www.cdyc.ie

Yours Sincerely

**Mark Dunwoody
Youth Officer, Diocese of Cork, Cloyne & Ross**

"Best experience ever! all the leaders and guys were so genuine, A really unforgettable experience!" (Quote from one of last years participants)

Participant Info

Name:	
Address:	
Home Phone Number:	
Participant's Mobile:	
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 P/G	
Home phone No. of P/G	
Emergency Contact No. of P/G	
Name of participant's Doctor	
Phone Number of Doctor	

I give permission for my child to go to CAMP JUICE 2010 with T.K.A. Youth, on the 18th – 21st February 2010 and to participate in all the 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 TKA Youth / CDYC. (If YES, Please Tick)

I give permission for my son/daughter to be contacted via mobile phone/text in relation to TKA Youth / CDYC events. (If YES, Please Tick)

I give my permission for my son/daughter to be contacted via email in relation to TKA Youth / CDYC events. (If YES, Please Tick)

If **YOU** would **NOT** like to receive information on future events, please tick.

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT, TO THE BEST OF MY KNOWLEDGE.

Signature

Date

(Parent/Guardian of named Participant)