

Details of Allergies / Medical Conditions

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Please specify if your child wishes to be in the same group as his/her friend. We will endeavour to try to facilitate your request but cannot guarantee.

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Attendance at the camp, following payment of the full fees, shall be deemed confirmation that parents/guardians have accepted the terms and conditions as detailed in this brochure.

Signed:.....

Date: .....

**FOR FURTHER INFORMATION AND BOOKING CONTACT:**

**Ann Clayton**

**The King's Hospital, Palmerstown, Dublin 20.**

**Phone: (01) 643 6537**

**sportscamps@thekingshospital.ie**

**Terms & Conditions**

Application is not accepted until the full fee has been paid. Payment is regarded as acceptance of the conditions of enrolment. Confirmation of your booking will be issued on receipt of Deposit/Full Fee.

If you have to cancel your booking for whatever reason the following conditions apply:

Full refunds will be made for cancellations received in writing up to 3 weeks prior to the beginning of the programme booked.

Cancellations received within 3 weeks of the programme booked will be subject to the forfeiture of the €50 registration fee.

The right is reserved to refuse admission or to dismiss at any time during the programme any student whose presence by way of conduct or deportment is deemed by the directors to be detrimental to the best interests of the programme.

No refunds will be made and any additional costs involved will be at the parents' expense.

The programme will operate on the highest safety standards. The King's Hospital shall not be responsible for any illness, disease, accident, or loss of property unless occasioned by a wilful act of negligence on the part of The King's Hospital or its employees.

Parents/guardians will be liable for any medical expenses incurred including hospital charges.

Students who have particular health requirements must notify the same in writing on application. Whereas The King's Hospital has successfully coped in the past with certain medical problems the right to refuse an application is reserved on the advice of the camp's advisor.

Please note that certain activities are weather dependent.

# The King's Hospital

## SPORTS CAMP

**SUMMER 2017**

**€110 per week**

**for 5 days of**

**FUN AND GAMES**

**9.30am - 4.30pm**



**The King's Hospital  
Palmerstown, Dublin 20. Tel: (01) 643 6500**

## What is it?

The camp will provide coaching in the following activities:

Karate, Swimming, Athletics, Soccer, Tennis, Basketball, Archery (Senior groups only), Orienteering, Hockey, Tag Rugby. Also take part in Jersey Day and End of Camp slide show.

All activities will take place on campus in our highly equipped facilities which includes indoor heated pool, full size sports hall, astro pitch and many more facilities. Please note that certain activities are weather dependent.

The aim of the course is to provide a fun-filled camp while also encouraging the child's competitive spirit in his/her own age group.

The ratios will be 25 or less per coach.



## Senior Camp: 6 – 14 years

This is a 1 week course running Monday - Friday, 9.30am - 4.30pm daily.

### DATES:

- Camp 1** 3rd JULY – 7th JULY
- Camp 2** 10th JULY – 14th JULY
- Camp 3** 17th JULY – 21st JULY
- Camp 4** 24th JULY – 28th JULY
- Camp 5** 31st JULY – 4th AUGUST
- Camp 6** 7th AUGUST – 11th AUGUST

## Kiddies Camp: 3 – 5 years

This is a separate camp staffed by a trained teacher and concentrating on Playschool activities, athletics and swimming.

This is a 1 week course running Monday - Friday, 9.30am - 2.30pm daily.

### DATES:

- Camp 1** 10th JULY – 14th JULY
- Camp 2** 24th JULY – 28th JULY
- Camp 3** 7th AUGUST – 11th AUGUST



## Fee - Senior & Kiddies Camp:

(Payable to The King's Hospital)

**FEE:** €110 per child per camp. 2nd & subsequent child €100 per child per camp.

A booking deposit of €50 per child per camp is required.

### SENIOR CAMP ONLY

Hot lunch can be obtained for €5.00 per day or €25.00 per week paid in advance.

Child minding service available from 4.30pm - 5.30pm for €20 per child per week.

## Booking Form

Surname: .....

First Name: .....

Male  Female

Date of Birth: .....

Address: .....

.....

.....

.....

Telephone: ..... (H)

..... (W)

..... (M)

### SENIOR CAMP

Camp 1  Camp 2  Camp 3

Camp 4  Camp 5  Camp 6

Child-minding Service

### KIDDIES CAMP

Camp 1  Camp 2  Camp 3

*Please tick Camp required*

Fee enclosed:

Payable to The King's Hospital

**PLEASE COMPLETE REVERSE OF FORM**