



Outdoor Activity Course Consent and Booking Form

Participants Name: _____

Address: _____

Email: _____ D.O.B. _____ Male/Female _____

Tel No: _____ Parent/Guardian mobile: _____

Course Dates required: _____

PARENT/GUARDIAN CONSENT FORM AND DECLARATION

Participants cannot participate if this form is not fully completed and returned

I, _____ (Parent/Guardian)
confirm that I have the authority to consent that the above mentioned participant
may be conveyed by ambulance, car or other means to hospital or a doctor for the
purpose of medical attention where is deemed necessary by Ballyhass Lakes staff.

Does your child have any medical condition or allergy? If so please specify

Does your child take any medicine? If so please specify?

I confirm that I have read and accept the terms and conditions overleaf

Print Name: _____

Signed: Parent /Guardian: _____

Date: ____/____/____

Return with payment to: Ballyhass Lakes, Cecilstown, Mallow, Co Cork

Terms and Conditions

- Ballyhass Lakes Activity Centre activity courses are open to people from **9 years**
- The hours of the Multi activity camps are open from **9:30 until 5:00 pm.**
- **Participation:** All participants in activities do so voluntary and at their own risk. Ballyhass Lakes will not be held liable or responsible for damage or injuries to persons or loss of their possessions.
- **Balance of payment:** must be received **two weeks** in advance of course commencing
- **Late booking:** Booking made less than **two weeks** to course commencement must be accompanied with full payment
- **No show:** Any persons who does not attend course/s booked will not be entitled to a refund
- **Cheques:** Please make cheques payable to Ballyhass Lakes
- **Payment** can be made by Visa, MasterCard or laser
- **Misbehaviour:** will result in the participant being suspended from the camp; no refund will be given. Not following an instructors guidance will be considered as misbehaviour