



**come
AND see**

**Salesian
summer camps 2011**

Ġimġha ta' Rikreazzjoni u Formazzjoni Umana u Nisranija

Kull kamp isir Savio College, Dingli u jispicċa wara t-talent show | Il-prezz huwa €70. Ma tistax tiġi għal aktar minn kamp wiehed.

KAMP GĦAS-SUBIEN

SAVIO KAMP

Għal dawk li twieldu
bejn 2000-1998
Form 1 & 2
**29 ta' Ġunju -
2 ta' Lulju 2011**

KAMP GĦAS-SUBIEN

RUA KAMP

Għal dawk li twieldu
bejn 2000-1998
Form 1 & 2
11-14 ta' Lulju 2011

KAMP GĦAS-SUBIEN

MAGONE KAMP

Għal dawk li twieldu
bejn 1997-1995
Forms 3, 4 & 5
18-21 ta' Lulju 2011

Agħzel il-kamp, imla l-applikazzjoni u ibgħatha ma' depożitu ta' €30 lil Fr Louis Grech SDB, Savio College, Buskett Road, Dingli DGL 2702
Tirċievi d-dettalji wara li tibgħat l-applikazzjoni. Għal aktar informazzjoni kkuntattja lil Fr Louis Tel: 2145 4546

Applikazzjoni

Ikteb ċar u b'ittri kapitali

Postijiet jimtlew *first come first served*

Isem u Kunjom

Data tat-Twelid

Indirizz

Skola

Mobile tiegħek

Telefon tad-Dar

Din l-ewwel darba?

 IVA LE

Napplika għal Kamp Subien:

SAVIO

RUA

MAGONE

DATA

The data requested will only be processed by the administrators of these Summer Camps for the general administration of the event and for correspondence with participants themselves.
Under no circumstances will this data be passed on to third parties. All this information is required so that, should the need arise, procedures may be carried out without any unnecessary delays.
In case of an accident or emergency, the Summer Camps organisers will attempt to contact the persons listed in the Emergency Contact Details.
If no one can be reached the responsibility of your child's health will be assumed by a doctor.

Parent/Guardian Consent Form - For Participation in the Summer Camps 2011 organised by the Salesians

This parental consent covers the regular meetings seen in this application over the period covering from June 2011 to July 2011

Contact details for parent/guardian

Please name the persons authorised to be contacted in case of emergency

1. Name & Surname _____

Daytime phone no. _____ Home phone no. _____

Mobile number _____ Email _____

Relationship to child/young person _____

2. Name & Surname _____

Daytime phone no. _____ Home phone no. _____

Mobile number _____ Email _____

Relationship to child/young person _____

Medical Information

In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitable qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible.

Does the participant have any type of allergy? Yes No

If yes, specify _____

Has the participant ever had an operation/injury? Yes No

Description _____ Year _____

Does the participant have any specific dietary needs? Yes No

If yes, specify _____

Is the participant currently taking any prescribed medicine? Yes No

if yes, specify _____

I agree to allow the child named above to attend the Summer Camps over the period covering June 2011 to July 2011.

I understand that there will be suitable supervision while the children are in the care of the Salesians and Salesian Animators

Name of Parent/Guardian

Signature