

ADVENTURE IRELAND CAMPS 2016



ADVENTURE IRELAND EUROPE 2016 APPLICATION PACK

CHECKLIST FOR APPLICATION –ADMINISTRATION

- FORMS 1-5
 - A LETTER FROM THE PARTICIPATING STUDENT ABOUT HIM/HERSELF,
 - A COPY OF BANK TRANSFER or CREDIT CARD DETAILS,
 - A COPY OF THE OFFICIAL TRAVEL AGENT FLIGHT ITINERARY
 - TWO RECENT PASSPORT-SIZE PHOTOGRAPHS.
 - E-11 MEDICAL CARD IF TRAVELLING FROM THE EU OR EEA COUNTRIES
- OR
- A COPY OF STUDENT TRAVEL INSURANCE

The European Health Insurance Card or EHIC (formerly the E111 form) allows the holder to access health care services when travelling to other EU or EEA countries. Students travelling from outside the EU/EEA MUST include evidence of a student travel insurance policy which includes outdoor sports.

Form 1: INFORMATION

Please print letters clearly.

FIRST NAME OF STUDENT:
LAST NAME OF STUDENT:
DATE OF BIRTH:
AGE OF STUDENT:
GENDER OF STUDENT:
NATIONALITY:
HOME ADDRESS:
HOME TELEPHONE NUMBER:
NAME OF PARENT 1 /GUARDIAN 1 ARRANGING DETAILS:
PARENT1 /GUARDIAN 1 CELL / MOBILE (INCLUDE COUNTRY CODE)
PARENT1 /GUARDIAN 1 ADDRESS
PARENT1/GUARDIAN 1 EMAIL:
NAME OF PARENT 2/GUARDIAN 2 ARRANGING DETAILS: (PLEASE GIVE A SECOND CONTACT NAME)
NAME OF PARENT 2/GUARDIAN 2 CELL / MOBILE (INCLUDE COUNTRY CODE)
NAME OF PARENT 2/GUARDIAN 2 ADDRESS
NAME OF PARENT 2/GUARDIAN 2 EMAIL:
STUDENT EMAIL:
STUDENT CELL / MOBILE (INCLUDE COUNTRY CODE)

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Form 2 CAMP SELECTION FORM.

WHAT IS YOUR CAMP? PLEASE TICK THE BOX AND WRITE THE DATES YOU WANT TO BOOK HERE:

START DATE- _____

END DATE- _____

CAMP A: ENGLISH LANGUAGE LEARNING AND SURFING/ ACTIVITY CAMP

3 hours English Class + Surf & Activity Camp + full activities evening + night entertainments.

3 weeks Sunday July 3 rd and July 24 th	1800 euro	<input type="checkbox"/>
Two week Camp (between July 3 rd and July 24 th)	1400 euro	<input type="checkbox"/>
One week Camp (between July 3 rd and July 24 th)	750 euro	<input type="checkbox"/>

CAMP B: SURF & ACTIVITY CAMP

3 hours Surf Class + & Activity Camp + full activities evening + night entertainments.

4 weeks Sunday July 3 rd and July 31 st	2100 euro	<input type="checkbox"/>
3 weeks Sunday (between July 3 rd and July 31 st)	1800 euro	<input type="checkbox"/>
Two week Camp (between July 3 rd and July 31 st)	1400 euro	<input type="checkbox"/>
One week Camp (between July 3 rd and July 31 st)	750 euro	<input type="checkbox"/>

CAMP D: ENGLISH LANGUAGE LEARNING AND SURFING/ ACTIVITY CAMP

3 hours English Class + Surf & Activity Camp + full activities evening + night entertainments.

3 weeks Tuesday July 31 st – August 21 st	1500 euro	<input type="checkbox"/>
Two week Camp (between July 31 st – August 21 st)	1100 euro	<input type="checkbox"/>
One week Camp (between July 31 st – August 21 st)	650 euro	<input type="checkbox"/>

CAMP E: INTENSIVE SURF CAMP

Surf Sessions & training Morning & Afternoon – full activities evening + night entertainments

3 WEEKS Tuesday July 31 st –August 21 st	1550 euro	<input type="checkbox"/>
2 WEEKS (between July 31 st –August 21 st)	1100 euro	<input type="checkbox"/>
1 WEEK (between July 31 st –August 21 st)	650 euro	<input type="checkbox"/>

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Form 3 STATEMENT OF DUE WARNING AND ASSUMPTION OF RISK FORM

I, _____ (Parent name) voluntarily enrol _____ (Student Name) to participate in
ADVENTURE IRELAND,

Program dates: _____

I have been advised and am aware of the inherent and / or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such an activity. I am aware and have been advised to have a medical examination prior to participating in this activity to insure that I am in good physical health. I am aware that this program outdoor activities and there is a risk of accident or injury. Further, I am aware and have been advised that I must be properly covered by adequate accident and medical insurance.

I am from within the EU and my student will have an The European Health Insurance Card or EHIC (formerly the E111 form)

OR

I am from outside the EU and I am sending a copy of my student's Travel Insurance, which includes outdoor sports

I understand that this is a group program, and that group standards must be observed. I agree that ADVENTURE IRELAND and the Director, Niamh Hamill shall have the right to terminate my child's enrolment for failure to maintain these standards, for actions or conduct which the Program and /or course director considers to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the course and group as a whole. I understand that if my child is asked to leave the program, I must bear responsibility for all costs including immediate return to Europe. I understand that the Program and/ or course director reserves the right to change assignments and to make alterations in itineraries at any time without prior notice.

I have and do hereby note, understand, and assume all risks, which may arise from or in connection with this activity. The terms hereof shall serve as a release and assumption of risk for my child's heirs, executors, assigns and administrators and for all members of my family.

Parent's signature: _____

Date: _____

Student's signature _____

Date: _____

To be also signed by a witness- a 2nd parent or emergency contact adult who knows you and your child and can be contacted in an emergency if you are unavailable.

_____ (Witness Name)

_____ (Witness Address)

_____ (Witness Contact telephone number.)

Form 4 CONSENT FORM FOR EMERGENCY TREATMENT

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Name of Student: _____

Permanent Home Address: _____

Name of Parent/ Guardian: _____

Home Telephone Number: _____

Work Telephone Number: _____

Emergency Contact (If parent is unavailable):

Name of Contact: _____

Address: _____

Home Telephone Number: _____

Work Telephone Number: _____

Are there special health problems of which we should be aware? (Allergies, medications, etc.) _____

Any specific dietary requests: _____

I give my permission for medical treatment for my daughter/ son if accident/ illness as is necessary during the Adventure Ireland Program. This would include referral to a local hospital, which may result in his/her hospitalisation, anaesthesia and surgery, and I am unable to be reached immediately for consent.

I accept that the staff of Adventure Ireland will make their best judgement as circumstances arise.

Date:

Signature of Parent/Guardian

Relationship

Form 5 CODE OF CONDUCT FOR STUDENT



I understand that I am subject to Adventure Ireland regulations, program guidelines and the laws of the host country (Republic of Ireland.)

In event of violation of these rules or display of behaviour, which is detrimental to me, other students, or the program, the program chaperons have the right to dismiss me from the program.

By accepting a placement with Adventure Ireland, I agree that:

1: Possession or consumption of alcohol is prohibited at all times.

2. Abusive or obscene behaviour will not be tolerated. Bullying, name-calling, or any behaviour that is considered to put the well-being and safety of students or staff at risk is considered by us to be abusive.

3. Possession or use of firearms, dangerous weapons or chemicals is strictly prohibited.

4. Possession, selling or consumption of illegal drugs or narcotics is prohibited.

5. Leaving the campus or centre without permission from chaperon/program staff is prohibited

6. Visitors & relatives may visit students on campus, and written arrangements must be indicated by parents if the student is to spend time with anyone other than Adventure Ireland staff .

7,. Walking alone is forbidden except with special permission from a chaperon. I must always be with a group and group leader.

8. Curfews set by supervisors must be strictly observed. At no time will I enter the rooms of other students after bedtime. My clothing will be appropriate at all times, and I will not wear offensive slogans or items considered offensive to others.

9: I will not take any video or photography of myself or any other persons without permission of all persons. I understand that I may not take video, photographs or use my phone to distribute or post anything that may be considered an invasion of privacy. General holiday photographs and video of activities are permitted.

10. I agree to the use of photographs or videos by Adventure Ireland of regular activities in which I participate.

11. At no time may I enter any licensed premises (bars, pubs, anywhere serving alcohol) unless I am with an Adventure Ireland supervisor.

Signed: _____

I understand and accept the above conditions:

Signed _____

(STUDENT'S SIGNATURE.)

Witnessed:

(Parent/Guardian signature.) _____



ALSO INCLUDE

6. FLIGHT INFORMATION & TRAVEL INSURANCE

PLEASE ENCLOSE A COPY OF YOUR OFFICIAL FLIGHT ITINERARY GIVEN TO YOU BY YOUR AGENT OR DOWNLOADED FROM INTERNET BOOKING WITH THIS APPLICATION

7. A LETTER ABOUT YOU! (STUDENT)

We would like to know a little about who you are- begin with your age, how you are doing at school. Include your favourite subjects- and what you don't like! Tell us your hobbies and pastimes- what sports you like/dislike, what kind of music you like/dislike. Tell us who you want to be, and where you are going! These letters help us to know what to expect. Be yourself! (It's not a test!)

8. YOUR FACE

Please send us two photos- please make them recent, they are mainly to help us pick you out at the airport & for the first few days- if you've changed yourself drastically since the photo, we'll only get confused!!! Email us or if mailing this application, Passport-size photos are fine, and please sign the back of them. Staple them onto this application.

9. CREDIT CARD OR BANK PAYMENT DETAILS.

PAYING FEES-EASTER/SUMMER 2012

To reserve a place, a deposit of 500 EURO must accompany the application forms below.

The balance of fees must be paid before departure. Instalments can be paid if this is preferable. Irish banks will no longer accept foreign checks so we recommend Credit Card or Bank Transfer.

Credit cards (Visa and MasterCard) are the easiest way to pay fees. We do not accept American Express.

Call us with the details and we will process the deposit. We do not recommend that you email credit card details

Direct transfer through your bank:

You can use the following Bank details and pay fees directly through your own bank

To pay by bank transfer:

BANK NAME: Allied Irish Bank, Ballyshannon, County Donegal, Ireland.

BANK ADDRESS: Ballyshannon, County Donegal, Ireland.

SWIFT CODE or BIC NUMBER IS AIB KIE2D

IBAN NUMBER IS IE73AIBK 9371 8507 0280 38

Your bank will request payment of a transfer fee. Fees differ according to each bank; we suggest you ask in advance to ensure the lowest possible fee. You are responsible for the transfer fee.

TO PAY BY CREDIT CARD

TOTAL FEE DUE: _____

CREDIT CARD

Please enclose credit card details. A deposit of 500 euro will be processed on receipt.

CARD HOLDER _____

CREDIT CARD COMPANY VISA MASTERCARD

CREDIT CARD NUMBER _____

CREDIT CARD SECURITY NUMBER _____

EXPIRY DATE _____

CARD HOLDER ADDRESS _____

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Deposits will not be refunded without a genuine reason for cancellation, but we are nice people and will take circumstances into account. A processing fee of 200 euro will ALWAYS be deducted.

PLEASE COMPLETE ALL OF THIS PAPERWORK AND

MAIL TO: THE DIRECTOR
ADVENTURE IRELAND
DONEGAL ADVENTURE CENTRE
BAY VIEW AVENUE
BUNDORAN
COUNTY DONEGAL
IRELAND.

EMAIL TO OR
info@adventure-ireland.com

OR

FAX TO 00 353 7198 42429

CONTACT TELEPHONE NUMBER 00 353 7198 42418

All paperwork must be received in advance of student arrival.
Students who do not have all paperwork may be refused a place.

Thank you for enrolling in the Adventure Ireland Programmes

Our website is www.adventure-ireland.com

