

APPLICATION FORM

Application form must be completed by an adult in CAPITALS please

Camp Venue: County: Chosen Date(s) Code:
Names: D.O.B:/...../..... Age: Male Female
..... D.O.B:/...../..... Age: Male Female
..... D.O.B:/...../..... Age: Male Female
..... D.O.B:/...../..... Age: Male Female

Address:
.....

Primary School 2010: Email:
Club: Tel No (Parent/Guardian):
Mobile (Parent/Guardian):

Kit Size:

1A (smaller 7) 2A (7/8) 3A (9/10) 4A (10/11) 5A (13/14) (Insert Quantity)

PARENTAL/GUARDIAN CONSENT FORM AND DECLARATION

Participants cannot participate if this form is not fully completed and returned to Vhi GAA Cúl Camp staff at Registration.

I, Parent/Guardian's Name (please print) confirm that I am the parent/guardian of
..... Child/Children's Name (please print)
and hereby consent and confirm that I have authority to consent that he/she may be conveyed (by ambulance, car or other means) to hospital or a doctor for the purpose of medical attention where such is deemed necessary by Vhi GAA Cúl Camp staff.
Does your child/children have any medical condition, allergies or special needs that our staff should be made aware of?
.....
Does he/she/they take any medication? If so, please specify:
.....

I declare that all information and details furnished above are true and correct and that Vhi GAA Cúl Camps/GAA shall not be held liable in contract or tort for any damage/injury arising from any omission or error on my part.

Data Protection Notice

Information obtained by GAA /Vhi becomes part of the data held by GAA /Vhi for the purposes of administering Vhi GAA Cúl Camps in accordance with the Data Protection Acts 1988-2003. In order to continue to improve Vhi GAA Cúl Camps, GAA /Vhi may contact you by e-mail or phone for research purposes. GAA /Vhi may also contact you about future Vhi GAA Cúl Camps events.

Please tick the box if you do NOT wish to receive further details of Vhi GAA Cúl Camps

NAME (please print name):

SIGNED by (Parent/Guardian):

DATE:

RECEIPT (Please bring this receipt with you on the first day of camp):

Child Name(s):

Camp Venue/Date:

Amount Paid: Signed by Camp Co-ordinator:

For a full list of terms and conditions, see www.gaa.ie

