

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 <input type="checkbox"/> Female <input type="checkbox"/>
.....	D.O.B:/...../.....	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
.....	D.O.B:/...../.....	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
.....	D.O.B:/...../.....	Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:			
.....			
Primary School 2015:		Email:	
Club:		Tel No (Parent/Guardian):	
Mobile (Parent/Guardian):			

Jersey and training top size: 1A (6) ☐ 2A (7/8) ☐ 3A (9/10) ☐ 4A (11/12) ☐ 5 A (13/14) ☐ (Insert Quantity)

PARENTAL/GUARDIAN CONSENT FORM AND DECLARATION

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

I, confirm that I am the parent/guardian of
Parent/Guardian's Name (please print)

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

Please tick the box if you do NOT wish to receive further details of **Kellogg's 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 full list of terms and conditions see www.gaa.ie/kelloggsculcamps (Book another **Kellogg's GAA Cúl Camp** this summer? See brochure for details of reduced cost)
Please supply stamped address envelope if you wish to receive receipt by post.