

SAFFRON ÓG SUMMER CAMP APPLICATION FORM 2010

(Application form must be completed by an adult in CAPITALS please)

Camp Venue:	Chosen Dates:						
Names:	D.O.B. / /	Age:		Male		Female	
	D.O.B. / /	Age:		Male		Female	
Address							
Primary School				Club			

Email	Tel. No.
	Mobile

T-Shirt Size	4 to 5 yrs		5-6 yr old		Larger size	
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(Please insert the quantity required)

Parental/Guardian Consent Form and Declaration:

Participants cannot participate if this form is not fully completed and returned to the Saffron Óg 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 covered (by ambulance, car or other means) to hospital or a doctor for the purpose of medical attention where such is deemed necessary by Saffron Óg Camp Staff.

Does your child/children have any medical condition or allergies that our staff should be made aware of?

Does he/she/they take any medication? If so, please specify: _____

I consent to give permission to allow my child/children to be photographed for the purpose of promoting GAA activities. I declare that all information and details furnished above are true and correct and that Kick Start Camps/GAA shall not be held liable in contract or tort for any damage/injury arising from any omission or error on my part.

NAME: (please print name) _____

SIGNED: (Parent/Guardian) _____

DATE: _____

TO REGISTER:

Please bring completed form/s and full fee/s to the first day of the Saffron Óg Camp or give to your Club VHI Coordinator

RECEIPT

Please bring this receipt with you on the first day of camp

Child's Name(s): _____

Camp Venue/Date: _____

Amount Paid: _____ Signed by Camp Co-Ordinator: _____