

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 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/kelloggsdulcamps (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.