

Mungret St.Pauls GAA
Easter Camp 2017

Tuesday 23rd to 25th April 2019
€ 35 per child

Application Form to be completed in **CAPITAL LETTERS**

Child/ Childrens Details

NAME _____ D.O.B. ___/___/___ AGE _____ MALE / FEMALE
NAME _____ D.O.B. ___/___/___ AGE _____ MALE / FEMALE
NAME _____ D.O.B. ___/___/___ AGE _____ MALE / FEMALE
NAME _____ D.O.B. ___/___/___ AGE _____ MALE / FEMALE

ADDRESS _____

PARENT/ GUARDIAN PHONE NUMBER _____

E-MAIL _____

Parental/ Guardian Consent Form and Declaration

In the case of an emergency, Mungret St. Pauls GAA camp staff will do everything possible to contact a parent /guardian so they can make appropriate medical decision for their children. I,(Parent/Guardian's Name) _____ confirm that I am the parent /guardian of the above named children and hereby consent and confirm that I have the authority to consent that he/she may receive the necessary treatment where such is deemed necessary by Mungret St. Pauls GAA camp staff if a parent or guardian have be uncontactable.

Does your child/children have any medical conditions, allergies or special needs that we should be aware of? _____

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

I declare that all information and details furnished above are true and correct and that Mungret St. Pauls GAA will not be held accountable for any damage/ injury arising from ant omission or error on my part. I give my permission for my child to be photographed for the purpose of promotion of Mungret St. Pauls GAA club in print or electronic media.

PARENT/ GUARDIAN NAME (Please Print) _____

SIGNED by Parent/ Guardian _____

DATE _____

RECEIPT

Child/ Family Name _____

AMOUNT PAID _____

Signed by Camp Co-ordinator _____

We would welcome if prior to attending the camp you speak to your child in terms of Code of Conduct and that they take direction from the leaders for their own safety and safety of others.