APPLICATION FORM

Application form must be completed by an adult in CAPITALS please

| Camp Venue: | County: | | Cho | sen Date(s) | Code: |
|--|---|--|--|---|--|
| Names: | | D.O.B:/ | / | Age: | Male Female |
| | | .D.O.B:// | / | Age: | Male Female |
| | | .D.O.B:// | / | Age: | |
| | | .D.O.B:// | / | Age: | Male Female |
| Address: | | | | | |
| | | | | | |
| | | Email: | | | |
| Club: | | Tel No. (Parent/Guardian): | | | |
| Mobile (Parent/Guardian): | | | | | |
| Jersey and training top size: 12 | A (6) 2A (7/8) L/GUARDIAN CO | AND DESCRIPTION OF THE PARTY OF | A TABLET | Mary Carlo | 13/14) (Insert Quantity) |
| Participants cannot pa Kello | rticipate if this ogg's GAA Cúl | | STATE OF THE REAL PROPERTY. | | |
| I, Parent/Guardian's N | | | | confirm that I | am the parent/guardian of |
| | Child/Childr | en's Name (please | | | |
| and hereby consent and confirn | | | • | mav be conve | yed (by ambulance, car |
| or other means) to hospital or a Kellogg's GAA Cúl Camp Staff. | | | | | |
| Does your child/children have a | ny medical condition, | allergies or spe | cial nee | ds that our sta | ff should be made aware of? |
| Does he/she/they take any med | lication? If so, please | specify: | | | |
| I declare that all information and detailable in contract or tort for any dama. Data Protection Notice Information obtained by Kellogg's & administering Kellogg's GAA Cúl Camps & GAA may also contact you about fur | age/injury arising from & GAA becomes part o camps in accordance v s, Kellogg's & GAA ma | n any omission o f the data held b with the Data Pro ay contact you by | r error o y Kellog tection <i>F</i> y e-mail (| n my part. gg's & GAA for Acts 1988-2003 | the purposes of . In order to continue to |
| Photography / Video Permission - promotional material. All images add in such images, please inform your lopes tick the box if you do NOT wis | nere to the GAA guidel ocal Cúl Camp coordir | lines for filming/ nator. | photogr | aphy. If you do | |
| NAME (please print name): | | | | | |
| SIGNED by (Parent/Guardian): | | | | | |
| DATE: | | | | | Service Anna Contract |
| RECEIPT (Please bring this receipt | with you on the first da | y of camp): | | | |
| Child Name(s): | | | | | |
| Camp Venue/Date: | | The second second second | | | |
| Amount Paid: | Signed by Car | mp Co-ordina | ator: | | |