

## SAFFRON ÓG SUMMER CAMP APPLICATION FORM 2015

(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

<b>Goody Pack!</b>	Go Game Ball/sliothar, water bottle and boot bag
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### 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 Saffron Ogs 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 Kellogg's 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: \_\_\_\_\_