



## CRECORA/MANISTER GAA

Cathaoirleach: Eddie Sheehan. Cisteoir: John Browne. Runai: Pat Quirke

### Registration Form Kelloggs 2014 GAA Summer Camp

Tuesday July 1<sup>st</sup> to Friday July 4<sup>th</sup> (10am-2pm daily)

Player Name 1 : \_\_\_\_\_ Age: \_\_\_\_\_ Kit Size: \_\_\_\_\_ (Cost: €55)

Player Name 2 : \_\_\_\_\_ Age: \_\_\_\_\_ Kit Size: \_\_\_\_\_ (Cost: €45)

Player Name 3 : \_\_\_\_\_ Age: \_\_\_\_\_ Kit Size: \_\_\_\_\_ (Cost: €40)

Player Name 4 : \_\_\_\_\_ Age: \_\_\_\_\_ Kit Size: \_\_\_\_\_ (Cost: €40)

Player Name 5 : \_\_\_\_\_ Age: \_\_\_\_\_ Kit Size: \_\_\_\_\_ (Cost: €40)

Total = € \_\_\_\_\_ Received By: \_\_\_\_\_

Kelloggs Cul Camp kit size's: 1A=Age6, 2A=Age 7/8, 3A=Age 9/10, 4A=Age 10/11, 5A=Age 13/14

Name of School you are Attending: \_\_\_\_\_

Name of GAA Club: \_\_\_\_\_

#### For the Parent:

I confirm I am Parent/Guardian to the above named and hereby consent that he/she may be conveyed by ambulance, car or other means to hospital or a doctor for the purposes of medical attention where such is deemed necessary by coaching staff.

Does your child have any medical condition/allergies we should be aware of: \_\_\_\_\_

Does your child take any medication? If so please specify: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_