

Summer Camp Application Form



Camp Cost: **€160 / £140 Per Player** Or **€140 / £120 Per Player for a Family of 2+**

Post Entries to: Darragh Daly, GAA Handball, Westward House, Croke Park, Dublin 3

Entry Deadline: Tuesday 1st May 2012

Please Print in Block Capitals & Complete All Sections

******Only One Player's Application is Allowed Per Single Entry Form******

Child's Name: _____

Club & County: _____

DOB: _____

Age: _____

(Must be aged 11-16 on the dates of the camp)

T-Shirt Size: 10/11 11/12 13/14 XS S M L

Parents Name: _____

Parents Tel No: _____

Parents Email: _____

(To receive regular updates & schedules for the Summer Camp)

Emergency Contact Person (if you are unavailable):

Telephone Number: _____

Relationship to Child: _____

Parents are obliged to declare any information regarding medication or conditions, which may impact your child's behaviour while participating in sports' activities.

Details of Child's special needs or medical history, i.e. details of any known allergies, conditions or medication:

If your child is currently taking any form of medication, can he/she administer this medication without assistance? _____

Please inform if your child if your child is unable to swim or has a fear of water:

Photography:

I understand that photographs will be taken during the camp, which may include my Child and may be used in the promotion of sport.

Declaration:

In consideration with the signing of this application I, _____ parent/guardian of _____ hereby give permission for my child to attend the GAA Handball Summer camp and;

- In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency medical treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.*
- I give permission for my child to be transported to the offsite courts via bus.*
- I intend to be legally bound, and waive and release any and all rights and/or claims and damages against GAA Handball and host clubs, their officers, representatives and employees in connection with my entry in the above event, and I assume all risks with my child's participation.*

Signatures:

Parent/Guardian: _____ Date: _____

If your child wishes to share with a specific camper, or for any further queries, please contact Darragh Daly on:



development.handball@gaa.ie



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