



Claregalway Football Camp Application Form

Under 12's to Under 6's
Claregalway GAA Grounds Knockdoemore Park, Claregalway

August 17 – 21, 2015

First Name: _____ DOB ___/___/___ Age: _____

Family Name: _____ Club Member: Yes No (tick as appropriate)

Address: _____ Cost: €40 1st Child **Time: 10 am to 2.30 pm**
_____ €35 2nd Child
_____ €30 3rd child

Parent/Guardian's Name: _____ Mobile Number: _____

Home Number: _____ Emergency Number: _____

Contact Email: _____

Does the child have any medical conditions / allergies or special instructions:
_____?

In the event that medical treatment is required every effort will be made to a Parent or Guardian. However if I cannot be reached, I give permission for the staff to secure a Doctor to provide care necessary for my child's well-being.

Doctor's Name: _____

Do you give your child/children permission to travel to and from the camp on their own? Y or N

No of Children: _____ Payment Received: Y N (tick as appropriate)

Type of Payment: Cash: _____ Cheque : _____

Received by: _____ (Club Representative)