

# APPLICATION FORM

Application form must be completed by an adult in CAPITALS please

Camp Venue: ..... County: ..... Chosen Date(s) ..... Code: .....

Names: ..... D.O.B: ...../...../..... Age: ..... Male  Female

..... D.O.B: ...../...../..... Age: ..... Male  Female

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..... D.O.B: ...../...../..... Age: ..... Male  Female

Address: .....

Primary School 2011: ..... Email: .....

Club: ..... Tel No (Parent/Guardian): .....

Mobile (Parent/Guardian): .....

## Kit Size:

1A (6)  2A (7/8)  3A (9/10)  4A (10/11)  5A (13/14)  (Insert Quantity)

## PARENTAL/GUARDIAN CONSENT FORM AND DECLARATION

Participants cannot participate if this form is not fully completed and returned to Vhi GAA Cúl Camp staff at Registration.

I, ..... confirm that I am the parent/guardian of  
Parent/Guardian's Name (please print)

.....  
Child/Children's Name (please print)

and hereby consent and confirm that I have authority to consent that he/she may be conveyed (by ambulance, car or other means) to hospital or a doctor for the purpose of medical attention where such is deemed necessary by Vhi/GAA Cúl Camp staff

Does your child/children have any medical condition, allergies or special needs that our staff should be made aware of?  
.....

Does he/she/they take any medication? If so, please specify:  
.....

I declare that all information and details furnished above are true and correct and that Vhi/GAA shall not be held liable in contract or tort for any damage/injury arising from any omission or error on my part.

### Data Protection Notice

Information obtained by Vhi /GAA becomes part of the data held by Vhi/GAA for the purposes of administering Vhi/GAA Cúl Camps in accordance with the Data Protection Acts 1988-2003. In order to continue to improve Vhi/GAA Cúl Camps, Vhi/GAA may contact you by e-mail or phone for research purposes. Vhi/GAA may also contact you about future Vhi/GAA Cúl Camps events.

Please tick the box if you do NOT wish to receive further details of Vhi GAA Cúl Camps

NAME (please print name):

SIGNED by (Parent/Guardian):

DATE:

**RECEIPT** (Please bring this receipt with you on the first day of camp):

Child Name(s):

Camp Venue/Date:

Amount Paid:

Signed by Camp Co-ordinator:

For full list of terms and conditions see [www.gaa.ie](http://www.gaa.ie) or [www.vhi.ie](http://www.vhi.ie) (Book another Vhi GAA Camp this summer? See brochure for details of reduced cost)