



St. Mary's G.A.C. Rasharkin



Halloween Camp Naomh Mhuire 2014 Application Form

Application form must be completed by an adult in CAPITALS please

Camp Venue: Date(s).....

Names:.....

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

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

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

Address:

.....
.....

Primary School Class:.....

Email:.....

Club:.....

Parent/Guardian Contact No.....

PARENTAL/GUARDIAN CONSENT FORM AND DECLARATION

Participants cannot attend the camp unless this form is fully completed and returned to Cathal McMullan Youth Officer (cmcmullan@outlook.com) Mobile: 07712675796

I, Confirm that I am the parent/guardian of.....Child/Children's Name(Please Print) and hereby confirm that I have the authority and consent that he/she may be conveyed (by ambulance, car or other means) to hospital or Doctor for the purpose of medical attention if deemed necessary by CAMP Staff.

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

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

.....

I declare that all information and details above are true and correct and that St. Mary's GAC 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 by (parent/guardian).....

Date:.....