

# 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 ☐

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

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

Address: .....

.....

Primary School 2012: ..... Email: .....

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

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

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

## PARENTAL/GUARDIAN CONSENT FORM AND DECLARATION

**Participants cannot participate if this form is not fully completed and returned to Kellogg's 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 Kellogg's 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 Kellogg's & 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 Kellogg's & GAA becomes part of the data held by Kellogg's & GAA for the purposes of administering Kellogg's GAA Cúl Camps in accordance with the Data Protection Acts 1988-2003. In order to continue to improve Kellogg's GAA Cúl Camps, Kellogg's & GAA may contact you by e-mail or phone for research purposes. Kellogg's & GAA may also contact you about future Kellogg's GAA Cúl Camps events.

Please tick the box if you do NOT wish to receive further details of Kellogg's 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/kelloggsculcamps](http://www.gaa.ie/kelloggsculcamps) (Book another Kellogg's GAA Camp this summer? See brochure for details of reduced cost)  
Please supply stamped address envelope if you wish to receive receipt by post.