



Application Form

This form should be completed by the parent/guardian with parental responsibility before your child can participate in the Irwin's Ulster GAA Camp.

Please print clearly

I agree to my child (Name): participating in the Irwin's Ulster GAA

Camp at (Venue): Date:

Personal Details

Name of Parent/Guardian: Home Tel:

Home Address:

Post Code: Child's Date of Birth: Age:

Email (please provide): Tick if you would like to receive more info from Irwin's Bakery & Ulster GAA

Emergency Contact Details

Please provide the name and telephone numbers of two people who we may contact in case of an emergency.

Name
Address
Home Tel
Mobile

Name
Address
Home Tel
Mobile

In the event of illness or accident, I give permission for first aid to be administered where considered necessary by a nominated First Aider, or suitably qualified medical practitioner. In extreme circumstances where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my/our behalf:

AGREE/DISAGREE

I give my consent for my child to be photographed/videoed for the use of publicity only, which may include use on the Irwin's and Ulster GAA websites, in line with the Ulster GAA policy:

AGREE/DISAGREE

Please give details of any relevant medical history of child including allergies: (If more space is required, please include on a separate sheet).

I confirm that all details are correct to the best of my knowledge. I give permission for my child to attend the Irwin's Ulster GAA Camp.

Signed by Parent/Guardian: Date:

