



Cumann Iománaíochta Chaoimhín Uí Loingsigh



Summer camp registration form 2015

Name:

Address:

DOB:

Age Group:

U6

U8

U10

U12

U14

Jersey Size:

5/6

7/8

9/10

10/11

13

Small

Medium

Large

Parent/Guardian Information While it's not essential for parents of the older age group to remain at the camp all week we would encourage it. Parents/Guardian of U6 **MUST** stay for duration of camp. U6s will leave at 11.30am.

Name:

Contact No.

Contact No 2.

Email:

Child's Medical Conditions (e.g. Asthma etc):

I am aware of the clubs child protection policy which can be found on the website <http://www.kevinlynchs.com>
I am aware of the GAA's 'Code Of Best Practice For Youth Sport' and will abide by and ensure my child will abide by it found at <http://www.gaa.ie/clubzone/child-welfare-and-protection/gaa-code-of-best-practice/>.

I will ensure my child will always:-

- wear a hurling helmet during training and matches
- respect club personnel and equipment
- abide by all other club rules

PHOTOGRAPH/FILM FOOTAGE & SMS MESSAGING CONSENT

I hereby grant the Kevin Lynch Hurling Club the right to inform the above named player of club events via text and absolute right to use the images resulting from photography at club events. This includes any reproductions or adaptations of the images for all general publicity purposes.

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

Go raibh maith agat, Cumann Iománaíochta Chaoimhín Uí Loingsigh