

## Section 1: General Information

This form must be completed by the parent/guardian of the applicant (in CAPITALS). Prior to completing, please read the important Data Protection (GDPR) information overleaf. Required information - The following must be provided to enable your child/children participate in Cúl Camps:

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

Names: ..... D.O.B: ...../...../..... Age: ..... Gender: .....

..... D.O.B: ...../...../..... Age: ..... Gender: .....

..... D.O.B: ...../...../..... Age: ..... Gender: .....

..... D.O.B: ...../...../..... Age: ..... Gender: .....

Address: .....

.....

Primary School 2018: ..... Club: .....

GAA membership number, if known: ..... Email (Parent/Guardian): .....

Contact number day time (Parent/Guardian): ..... Mobile number (Parent/Guardian): .....

Jersey/training top size - Please select the appropriate size

1A (6 years)  2A (7/8 years)  3A (9/10 years)  4A (11/12 years)  5A (13/14 years)  (Insert quantity)

By completing the required information and signing this form you confirm that:

- All details are correct;
- You are the parent/guardian of the child/children to which the application relates and that you have the authority to give parental consent for your child/children to participate in Cúl Camps;
- You understand that the personal data provided will be used by the Club and the GAA for the contractual purpose of registering your child/children in Cúl Camps and administering the Cúl Camps.

Signed: ..... Date: ..... Print Name: .....

## Section 2: Medical Information

The following medical information is requested by the GAA to assist in ensuring your child/children's safety while he/she/they attend Cúl Camps and by providing it, you consent to the GAA processing the information for that purpose.

- Please provide details of any medical condition or allergy we should be aware of.

- Please confirm whether your child takes any medication.

- If yes, please specify the medication and if your child can self-medicate.

### Other

- Does your child have a disability or special needs? Yes  No

If yes, does your child have access to a special needs assistant (SNA) in school? Yes  No

If you fail to provide details in respect of any medical information relevant to your child while participating in Cúl Camps, the GAA will not be held liable in contract or tort for any damage/injury arising from any omission or error on your part.

### Data Protection

I have read the GDPR information on the reverse of this form and have given my consent, by ticking the boxes below, for the following:

(1) The GAA may contact me by email: (a) for research purposes  (b) to provide me with updates about future Cúl Camps

(2) I acknowledge that my/my child's photograph or video image may be taken whilst attending or participating in Cúl Camps. I consent to the use of my/my child's photograph or video image being used by the GAA for coaching and/or marketing purposes in respect of Cúl Camps and GAA activities

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

Child name(s):

Camp venue/date:

Amount paid:  Signed by Camp Coordinator:

For a full list of terms and conditions see [gaa.ie/kelloggsulcamps](http://gaa.ie/kelloggsulcamps). Booking another Kellogg's GAA Cúl Camp this summer? Details of reduced costs are overleaf. Please supply stamped address envelope if you wish to receive receipt by post.