

SKILLS ACADEMY APPLICATION FORM

Application form must be completed by an adult in CAPITALS please

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

Tel No (Parent / Guardian): Email:

Mobile (Parent / Guardian):

PARENTAL / GUARDIAN CONSENT FORM & DECLARATION

Participants cannot participate if this form is not fully completed and returned to your team coach.

I, confirm that I am the parent / guardian of
Parent / Guardian's name (please print)

.....

.....

Child / Children's name(s) (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 first aid staff.

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

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

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Photographs will be taken of the participants during the coaching sessions for inclusion in the local media. Please tick this box if you do not wish your child / children's photo to be included in our press coverage.

I declare that all information and details furnished above are true and correct and that Ballycastle Hurling / Camogie clubs 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: