

Parnell's GAA Club

Application Form / Consent Form



Name: _____
Age: _____ Date of Birth: _____
Address: _____
Home Phone: _____ Mobile: _____
Gender: Male Female
School: _____ Class: _____
Current Team: _____
Medical Conditions: _____

I (Parent/Guardian) _____ give permission for _____ (son/daughter) to attend the Parnells GAA Summer Camp and will ensure that he/she will adhere to the rules and regulations laid down by the coordinators/coaches.

Enclosed Fee:

Nursery (4-5years 10:00am - 12:00pm)

Registered Members €25

Non-registered Members €30

6-12 (6-12 years 10:00am - 2:00pm)

Registered Juvenile Members €30

Non-registered Juvenile Members €35

Camp Dates:

July 3 - 7

July 10 - 14

July 17 - 21

Camp Dates:

July 24 - 28

31-Aug 3 - 4 Kellogg's Cul Camp

Aug 7 - 11

Aug 14 - 18

Total Payment: _____

Club PR Photography & Video Permission:

Yes Permission

No Permission

Signed: _____

Date: _____



Contact Details:

Colly McDonald 085 122 2157

Website: www.parnellsgaa.ie

