

## Official GAA Super Camp Venues 2011

| Camp Venue  | Dates   | Co-ordinator   | Contact No. |
|-------------|---------|----------------|-------------|
| Bunninadden | Aug 2-4 | Ross Donovan   | 087 6107700 |
| Oxfield     | Aug 2-4 | Johnny Mullins | 085 1163006 |
| Enniscrone  | Aug 2-4 | Pat Kilcoyne   | 087 6384032 |

Cost : €25 per child

County Co-ordinator:

**Liam Og Gormley**

Siligo GAA Office  
Aughamore Near  
Carraroe  
Siligo

Mobile: 086 8254420

The GAA Super Camps will offer some or all of the following codes: Football, Hurling, Ladies Football, Camogie, Handball and Rounders

# GAA Super Camps 2011



**LEARN NEW SKILLS!**

## GAA Super Camps

The Official GAA Summer Camps are open  
to boys and girls from 13 - 15 years old

Complete this form and return it to your local GAA Super Camp co-ordinator.

In association with:



Supported by:



# Official GAA Super Camp Application Form 2011

Please complete fully and return to County coordinator enclosing fee of \_\_\_\_\_.

Camp Venue \_\_\_\_\_ Date \_\_\_\_\_

## APPLICANT DETAILS

*Application form must be completed by an adult in CAPITALS please*

Full name: \_\_\_\_\_ Male  Female  Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Tel: (Parent/Guardian) \_\_\_\_\_

Second level School \_\_\_\_\_

Club \_\_\_\_\_

### PARENTAL/GUARDIAN CONSENT FORM AND DECLARATION

Applicants cannot participate unless this form is fully completed and returned to GAA Super Camp staff.

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

Child/Children's Name (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 GAA Super Camp Staff.

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

If "yes" please give details \_\_\_\_\_

I declare that all information and details furnished above are true and correct and that the GAA shall not be held liable in contract or tort for any damage/injury arising from any omission or error on my part.

### Data Protection Notice

Information obtained by the GAA becomes part of the data held for the purposes of administering GAA Super Camps in accordance with the Data Protection Acts 1988-2003. In order to continue to improve GAA Super Camps, the GAA may contact you by email or phone for research purposes. The GAA may also contact you about future GAA Super Camps.

Please tick the box if you do NOT wish to receive further details about GAA Super Camps

NAME (please print): \_\_\_\_\_

SIGNED by (Parent/Guardian): \_\_\_\_\_

DATE: \_\_\_\_\_ FEE \_\_\_\_\_ ENCLOSED

Return to: \_\_\_\_\_

(Coordinator's Name and Address)

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

Child Name(s): \_\_\_\_\_

Camp Venue/Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Signed by Camp Co-ordinator: \_\_\_\_\_

