

MEMBER/CHILD'S NAME:		
MEMBER/CHILD'S DATE OF BIRTH:		MEMBER/CHILD'S AGE:
PARENT/GUARDIAN'S NAME:		PARENT/GUARDIAN'S NAME:
<b>PARENT/GUARDIAN'S CONTACT DETAILS:</b>		
MOBILE:		MOBILE:
HOME:		HOME:
OTHER/EMERGENCY NUMBER:		NAME
CONTACT ADDRESS:		
<u><b>ALLERGIES / AILMENTS:</b></u>		
<b>CLUB TRACKSUIT SIZE: AGE: 5-6yrs 7-8yrs 9-11yrs 12-13yrs S/M/L/XL</b>		
<b>INITIALS CAN BE PRINTED ON THE GEAR FOR €2 DURING CAMP: REQUIRED INITIALS _____</b>		
<input type="checkbox"/> <b>AGREE</b> / <input type="checkbox"/> <b>DO NOT AGREE</b> for <u>First Aid</u> to be administered to above member/child in the event of injury occurring during a training session or match organized by Watergrasshill United. <b>(tick as appropriate)</b>		
Please note that for PR purposes, <u>photographs</u> are taken throughout the Summer Camp for publishing on our club website, our club Facebook page and local newspapers.		
<input type="checkbox"/> <b>AUTHORIZE</b> / <input type="checkbox"/> <b>DO NOT AUTHORIZE</b> Watergrasshill United to include above member/child in PR publications. <b>(tick as appropriate)</b>		
Parent / Guardian Signature _____ Date ____ / ____ / ____		
<b>WGH USE ONLY:</b>		
FORM RECEIVED DATE ____ / ____ / ____		CLUB OFFICER _____
AMOUNT PAID	PAYMENT DATE	RECEIPT #