



One Form Per Participant Please.

€80 for 1, €150 for 2, €200 for 3 or more family members

MEMBER/CHILD'S NAME:	
WATERGRASSHILL UNITED CLUB MEMBER?	YES / NO
MEMBER/CHILD'S DATE OF BIRTH:	MEMBER/CHILD'S AGE:
PARENT/GUARDIAN'S NAME:	PARENT/GUARDIAN'S NAME:
PARENT/GUARDIAN'S CONTACT DETAILS:	
MOBILE:	MOBILE:
HOME:	HOME:
OTHER/EMERGENCY NUMBER:	NAME
CONTACT ADDRESS:	
<u>ALLERGIES / AILMENTS / MEDICATION:</u>	
CLUB GEAR SIZE : AGE: 5-6yrs 7-8yrs 9-10yrs 11-12yrs 13-14 S/M/L/XL	
CHILD'S HEIGHT:	
<input type="checkbox"/> AGREE / <input type="checkbox"/> DO NOT AGREE 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. (tick as appropriate)	
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"/> AUTHORIZE / <input type="checkbox"/> DO NOT AUTHORIZE Watergrasshill United to include above member/child in PR publications. (tick as appropriate)	
Parent / Guardian Signature _____ Date ____ / ____ / _____	
WGH USE ONLY:	
FORM RECEIVED DATE ____ / ____ / _____	CLUB OFFICER _____
AMOUNT PAID	PAYMENT DATE
	RECEIPT #