



GARRYDUFF SPORTS CENTRE

THE HOME OF SPORT

EASTER CAMP REGISTRATION FORM

Starting Tues 29th March 2016 Cost: € 55.00 (4 days) 10 am – 2 pm

Name (s)		
Address		
Age		
Parent / Guardian Contact Telephone Number		
Secondary Number (In case of Emergency)		

**IF YOUR CHILD SUFFERS FROM ANY OF THE FOLLOWING PROBLEMS
PLEASE CONSULT YOUR DOCTOR BEFORE EXERCISING**

	Yes	No
Heart / Cardiac Problems		
Chest Pain		
Breathlessness / Bronchial Problems.		
Asthma		
Diabetes		
Allergy (Please Specify)		
Arthritis		
Blood Pressure Problems		
Dizziness / loss of balance		
Loss of Consciousness/ Fainting / Blackouts / Seizures		

I hereby give consent that photographs may be taken of the camp activities which may include my child

Yes

No

I understand that all camp sports activities include some degree of risk and I hereby absolve Garryduff Sports Centre of any and all liability for any accident or injury sustained howsoever caused.

Signed: _____ (Parent / Guardian)

FOR OFFICE USE ONLY

Amount Paid	
Receipt Number	
Received By	
Date	