**Portrane Athletic FC Summer Camp 2017**

Tuesday 8th to Friday 11th August 2017 (10-2 pm)

Cost: €45 1st child, €35 2nd and subsequent sibling

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| Name of Player: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tshirt Size \_\_\_\_\_\_\_\_\_\_  D.O.B \_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_  Are you registered with any other sports club? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Details for Parents / Guardians :  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GP: Name and Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Additional Players ( Siblings )  Name of Player: 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tshirt Size \_\_\_\_\_\_\_\_\_\_  D.O.B \_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_  Are you registered with any other sports club? Y/N \_\_\_\_\_\_\_\_  Name of Player: 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tshirt Size \_\_\_\_\_\_\_\_\_\_  D.O.B \_\_\_\_\_\_\_\_\_\_\_ Current Age: \_\_\_\_  Are you registered with any other sports club? Y/N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medical notes for all players |

I , the parent of the above named Child/ Children understand that Soccer is a physically demanding activity from which injury can result. I understand that the club’s Code of Conduct will be emailed to me prior to the camp and that I agree to abide by it as a condition of registering my child.

I understand that this is a voluntary led camp and will respect the camp organisers for their efforts. Camp organisers will promise to make all reasonable efforts to make this a fun and enjoyable experience for all children involved.

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Parent/Guardian Date

* If you do not wish your child to be photographed please tick this box