

This form must be filled in by the parent or guardian of the child in question. There must be a separate form filled in for every child.

## Application Form

Child's Full Name	
Date of Birth	
Any medical conditions, allergies, dietary requirements or special needs that staff should be aware of?	
Does your child take any medication?	
If yes to the above, please specify.	
Address	
Email(Parent/Guardian)	
Telephone Number(parent/guardian)	
Mobile Number(Parent/Guardian)	
Emergency Contact name and number	

I give permission for \_\_\_\_\_ to attend the NETNS Summer Sports Camp 2019.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment

Please include payment in an envelope with the completed registration form and return this to Clara to ensure you secure your child's place at the camp. Thank you.

**Note: All adults working at the camp will be fully Garda vetted and all children will be fully insured.**