

omagh St. Enda's G.A.C.





Easter Camp Form 2019

The parent/guardian should comple	ete this forr	n with parental responsibility.		
Please PRINT clearly.				
PLAYERS PERSONAL DETAIL NAME:				
Age:				
PARENTS OR LEGAL GUARDIAN'S CO	NTACT DET	AILS		
Please provide the names and contact numbers of two people we may contact to keep				
you updated on club activities or in the case of an emergency.				
Contact 1		Contact 2		
	Name:			
Name:				
Mobile:	Mobile:			
UPDATED MEDICAL DETAILS				
All information will remain strictly confidential and should be provided as accurately and detailed as possible.				

PUBLICITY

Omagh St. Enda's will from time to time arrange for authorized personnel to photograph and video various club activities, including games and presentation events. Images and recordings may appear in the local press, club website and official social media sites or other promotional literature. Please tick this box if you **DO NOT** want your child's photograph/image to be used in any promotional material for

Omagh St. Enda's GAC or the Gaelic Athletic Association.		
Signed	Date:	
Print Name:		