

SDFL Soccer Camps 2008 Application Form

Participants Name _____ Date of Birth _____

Name of Parent or Guardian _____ Email _____

Address _____

Mobile Number _____ Home Phone _____

Club (if any) _____ League _____

Enrol in Camp **Easter Camp;** ___/___/08 to ___/___/08 **Summer Camp** ___/___/08 to ___/___/08

Where did you hear about the Soccer Camp? Newspaper ___ Website ___ Club ___ Other ___

Playing Kit Size MB (7-9 years) ___ LB (9-11 years) ___
Please tick XLB (11-13 years) ___ Med Adult (13-15 Years) ___

Cost of camp is 90euro for first child & 60euro for a second child from the same family. Cheques made payable to; "SDFL" and may be posted to; SDFL complex, Ballyowen Park, Lucan, Co Dublin.

Medical Consent

Does your child have any medical condition that our staff should be aware of? _____

If yes please explain _____

Does your child have any allergies? _____ If yes please explain _____

Is your child on any medication Yes___ No___ Name of medication _____
Number of doses _____ Frequency of doses _____

Does your child have any special needs that our staff should be aware of? _____

I give permission to bring my child to a hospital or doctor in case of an emergency Yes___ No ___

I give permission to allow my child to be given medical treatment either by way of first aid by a suitably qualified person or by a doctor at the hospital or venue location. Yes ___ No ___

All reasonable steps will be taken to contact the parent(s) Guardian(s) immediately in the case of an emergency.

In the interest of your child's safety & welfare, please indicate as follows; I agree ___ Do not agree ___ to allow my child to travel independently to and from the SDFL soccer camp

(If you do not agree, please ensure that you make appropriate arrangements to collect your child at the end of activities)

Signed (Parent/Guardian) _____ Date ___/___/___