

Summer Camp Application Form

20/21/22 July 2020 (10am -2pm)

€60 per child,

* Child must have attended Junior Infants or older *

All Proceeds go towards fund for All Weather facilities in Bandon

PLEASE COMPLETE FORM IN BLOCK CAPITALS!

NAME	
DATE OF BIRTH	
ADDRESS	
Contact Name & Mobile Number	
Contact Name & Mobile Number 2	
Family Doctor	
Doctor phone no	

Second Child Name	Date of Birth
Third Child Name	Date of Birth

Does your child have any medical conditions or allergies that our coaches should be made aware of? Yes _____ No _____

Please specify _____

I give permission to bring my child to a doctor or hospital in case of emergency.

I give permission for the above mobile numbers to be used to send information on Summer Camp

I understand that photographs will be taken during camp and will be used for the promotion of athletics / Bandon A.C.

Parent/Guardian Name _____ Date _____

Amount Paid _____ Date _____

Signed Parent/Guardian _____

Received on behalf of Bandon Athletic Club by _____

Email: secretary@bandonac.org Web: www.bandonac.org

ATHLETIC ASSOCIATION OF IRELAND

Form & payment to Carmel Lucey, Castle Road, Bandon, Co Cork
Cheques payable to Bandon AC