



Delaware County Gaels



2012 SUMMER CAMP REGISTRATION

Player(s) Information

Name: _____ D.O.B: ___ / ___ / ___

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ Email: _____

Checks should be made payable to: "Delaware County Gaels"

Registration Deadline: June 23, 2012 (Camp 1) / July 14, 2012 (Camp 2)

- Camp open to ALL children aged 5-14.
- No knowledge of Gaelic Football or Hurling needed to participate.

Health Insurance

Insurance Company: _____

Policy: _____ ID No. _____

Emergency

Emergency Contact Name: _____ Emergency Contact Number: (_____) _____

Parent/Guardian Agreement

I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the North American County Board, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Gaelic football and in consideration for the Delaware County Gaels Football Club accepting the player for their programs and activities, I hereby release, discharge and/or otherwise indemnify The Delaware County Gaels Football Club, their affiliated organizations and sponsors, board members and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I intend for this consent and agreement to be legally enforceable.

Parent/Legal Guardian (Please Print): _____

Signature: _____ Date: ___ / ___ / ___

Consent for Medical Treatment

As the parent/legal guardian of a participant in The Delaware County Gaels Football Club, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature: _____ Date: ___ / ___ / ___

Please mail completed form and fee to:

Ciaran Porter
1510 Darby Road
Havertown, PA 19083

ciaran.porter.gda.philadelphia.usa@gaa.ie