



**Delaware County Gaels**  
**Summer Camp Registration Form**  
**July 18 to July 22, 2011 (2:00PM to 5:00 PM)**  
**July 25 to July 29, 2011 (2:00PM to 5:00 PM)**



**Player(s) Information**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Please make check payable to: "Delaware County Gaels"**  
 \$60 per player for 1 week / \$100 for both weeks.  
 Family (3 or more children) for 1 week \$150 max / \$250 for both weeks.

**Registration Deadline: July 15, 2011.**

- Camp open to ALL children aged 5-14.
- No knowledge of Gaelic Football or Hurling needed to participate.
- Please email [ciaran.porter.gda.philadelphia.usa@gaa.ie](mailto:ciaran.porter.gda.philadelphia.usa@gaa.ie) and confirm your children will be attending before July 15th.

**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](mailto:ciaran.porter.gda.philadelphia.usa@gaa.ie)