



Age Category Entered 2020

**NAME**

**DOB**

**Boy/Girl**

**Address (must fall within boundary map)**

**Parent/Guardian Name**

**Parent/Guardian Contact Number**

**Parent/Guardian email address**

**Event/Events entered**

**Entry Fee E3.00 received Yes/No**

- I consent to my child participating in Community Games Events.
- I consent to my child's details being stored electronically for community games purposes.
- Please indicate if your child has any medical/special needs we should be aware of
  
- In the event of injury or illness I give permission for my child to be given the appropriate medical attention/taken to medical centre or hospital.
- I agree to my child being photographed (solely for use in relation to promotion of community games local/social media)
- If your child progresses to Dublin Finals our main method of communication will be via what's app group please indicate if you do not wish to be added to relevant what's app group.

**I have read and accepted the above**

**Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_**