

IMEACHTAÍ
(ACTIVITIES)



SNÁMH
(SWIMMING)



EALAÍN
(ART)



CÉARDAÍOCHT
(CRAFTS)

CLUICHÍ
(GAMES)



TURASANNA
(TRIPS)



RINCE &
CÉILÍ

CAMPA SAMHRAIDH CHEATHARLACH 2019 CLÁRÚ & EOLAS / ENROLMENT DETAILS

AINM/NAME: _____

SEOLADH/ADDRESS: _____

DÁTA BREITHE/DATE OF BIRTH: _____

AOIS/AGE: _____

SCOIL/SCHOOL: _____

TUISTÍ-CAOMHNÓIRÍ/PARENT(S)/GAURDIAN(S): _____

TEIL BAILE/HOME PHONE NO: _____

TEIL OIBRE/WORK NO: _____

DOCHTÚIR CLAINNE/FAMILY DOCTOR: _____

CÚRSAÍ LEIGHIS:

Is there any medical history or other special needs
which camp organisers should know about your child? TÁ/YES NÍL/NO
If yes please explain:

GRIANGHRAF: _____

Do we have your permission to use your child's photo
for CAMPA SAMHRAIDH purposes? TÁ/ YES NÍL/NO

CEAD: PLEASE READ CAREFULLY BEFORE SIGNING:

I wish my child _____ to participate in Campa Samhraidh 2019. I understand that I carry full responsibility for my child's welfare, medical needs, etc. I understand that Campa has Public Liability Insurance Cover and that the children take part at their own risk. Campa organisers, while making every effort to contact me, have my permission to contact a doctor, ambulance or other services in case of an emergency. I do not expect the Campa 2019 organisers to be responsible for my child outside of Campa days and times.

SINIÚ/SIGNED DÁTA/DATE _____

AIRGEAD ÍOCTA/AMOUNT PAID: € _____

Cheques to be made payable to CEATHARLACH LE GAEILGE. Clárú/Registration:
Please return to Glór Cheatharlach, Áras na nÓg, Éire Óg, Bóthar Uí Bhriain, Ceatharlach.
Guthán: 085 1340047 / 087 2857048 or Email: emma@glorcheatharlach.ie