

JOHN WEST FÉILE PEILE NA NÓG 2017

PERMISSION FORM - PARENT/GUARDIAN OF U-14 PLAYER

EVENT: **JOHN WEST FÉILE PEILE NA NÓG 2017**

VENUE: _____

DATES: Friday 23th – 25th June 2016

Details of Child's special needs or medical history (i.e. details of any known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child's welfare or behaviour while participating in Féile:

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

PHOTOGRAPHY

I understand that photographs or recorded images may be taken during **John West Féile Peile na nÓg 2017**, which may include my Child and may subsequently be used in the promotion of our Gaelic Games by different units of the Association. (If for whatever reason you do not wish for your child's photograph or image to be included in GAA publications please inform your Féile coordinator).

I have read and accept the conditions and rules set down by _____ GAA Club for children participating at the John West Féile Peil na nÓg 2017.

Name of Participant: _____

Parent/Guardian: _____

Emergency Contact No: _____

Signature of Parent/Guardian: _____

Date: _____