

DCU MERCY BASKETBALL CAMP

APPLICATION FORM

(PLEASE USE BLOCK CAPITALS)

Name: _____

School / Club: _____

Email: _____

Date of Birth: _____

Contact Number: _____

Address Line 1: _____

Address Line 2: _____

Town/City: _____ Post Code: _____ Country: _____

PAYMENT INFORMATION AND CONSENT

YOU ARE SIGNING UP FOR THE DCU MERCY CAMP.

Please ensure you have correctly indicated which camp you're attending to the right.

The DCU Mercy basketball day camp costs €80 for each group. This cost covers your attendance for the duration of the camp. Please ensure completion of both Application and Medical form and **return with payment of €80** to:

DCU Mercy Basketball Club,
54 Gracefield Road,
Artane, Dublin 5, Ireland.
D05H7X3

Your signing of this form signifies your willingness to comply with any regulations which the staff and coaches may make.

Please make cheques payable to DCU Mercy. Please note that no deposits will be taken. Payment must be made in full to secure place at camp.

If you wish to pay via bank transfer, please contact Annette at annette@dcumercy.com

I wish to attend the camp selected below.

JUNIOR

Boys and Girls
Aged 8 - 12

INTER / SENIOR

Boys and Girls
Aged 13 - 18

Date of signing:

/ / 2020

Players Signature:

Parent/Guardian Signature:

DCU MERCY BASKETBALL CAMP

MEDICAL FORM

(PLEASE USE BLOCK CAPITALS)

Name: _____

Age at Camp: _____

Gender: _____

Date of Birth (DD/MM/YYYY): _____

Player Contact Number: _____

Emergency Contact Number: _____

Medical Information

Leave blank if none

CONSENT AND PERMISSION

Neither the directors, the college, nor the servants of the camp are responsible for any personal injury or loss to anyone attending DCU Mercy basketball camps. Parents/Guardians must be contactable in case of an emergency.

DCU Mercy promote the camp experience and basketball camps throughout the year. We do this through the use of photography, videos and web postings, showing the camp experience in action. The signing of this form is a contract allowing DCU Mercy permission to use your image (if you appear) in the creation of such items.

By signing this form you agree that the medical information you have provided is correct and signifies your willingness to comply with any regulations which the staff or coached may make.

Date of signing:

/ / 2020

Players Signature:

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Parent/Guardian Signature:

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