

Cork Development Squad Programme

APPLICATION FORM

NAME : _____

ADDRESS : _____

DATE OF BIRTH : _____

CLUB : _____ PLAYING POSITION : _____

PARENTS NAME : _____

PARENTS CONTACT NO : _____

E MAIL ADDRESS : _____

IMPORTANT PLAYER MEDICAL HISTORY/INFORMATION

IN THE EVENT OF ILLNESS OR ACCIDENTAL INJURY, HAVING PARENTAL RESPONSIBILITY, I GIVE PERMISSION FOR MEDICAL TREATMENT TO BE ADMINISTERED WHERE CONSIDERED NECESSARY BY A NOMINATED FIRST AIDER, OR BY SUITABLY QUALIFIED MEDICAL PRACTITIONER. IF I CANNOT BE CONTACTED AND MY CHILD NEEDS EMERGENCY HOSPITAL TREATMENT, I AUTHORISE A QUALIFIED MEDICAL PRACTITIONER TO PROVIDE MEDICAL TREATMENT OR MEDICATION.

OTHER INFORMATION: ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR MENTORS TO KNOW ABOUT:

PARENT/GAURDIAN CONSENT

I THE PARENT/GUARDIAN (DELETE AS APPROPRIATE) OF _____

PHOTOGRAPHY AND VIDEOGRAPHY: I UNDERSTAND THAT PHOTOGRAPHS AND VIDEO MAY BE TAKEN DURING OR AT FOOTBALL RELATED EVENTS AND MAY BE USED IN THE PROMOTION OF THE SPORT.

I HEREBY CONSENT TO THE ABOVE CHILD PARTICIPATING IN ACTIVITIES OF THE ORGANISATION IN THE LINE WITH THE CODE OF ETHICS. I WILL INFORM THE MENTORS OF ANY CHANGES TO THE INFORMATION ABOVE.

I CONFIRM THAT ALL DETAILS ARE CORRECT AND I AM ABLE TO GIVE PARENTAL CONSENT FOR MY CHILD TO PARTICIPATE IN AND TRAVEL TO ACTIVITIES

PARENTS/GAURDIANS NAME : _____

Parents/Gaurdians Signature : _____ **Date :** _____