

# ÉIRE ÓG OXFORD GAA CLUB

[www.eireogoxford.co.uk](http://www.eireogoxford.co.uk)



## YOUTH GAELIC FOOTBALL 2015

- **Boys and Girls Aged** - U6, U8, U10, U12
- **Training** - Sat 10 -11 a.m
- **Begins** - Saturday 9<sup>th</sup> May 2015
- **Venue** - GAA Grounds, Horspath Road, Oxford, Oxfordshire, OX4 2RL



Whether an absolute beginner or a child with experience of Gaelic Football our qualified coaches will encourage each child to develop at his or her own pace with **focus on skills, physical fitness** and most importantly fun!

### Qualified Coaches

All Coaches are DBS and safeguarding cleared

**The coaching will be free in 2015**

Contact us for more information [secretary.eireog.hertfordshire@gaa.ie](mailto:secretary.eireog.hertfordshire@gaa.ie)

F Dillon - 07546276503 T Griffin - 07472456545 M Hastings - 075703749014 (please call after 6pm)

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**Take this along to your first training night to register**

### Medical information

Is your child currently receiving any treatment from your Doctor or Hospital?

Yes \_\_\_\_\_ No \_\_\_\_\_

If 'yes' please give details including names and dosage of any medication \_\_\_\_\_

List any drugs your child is allergic to \_\_\_\_\_

Please list here any major illnesses or major operations that your child has had in the past \_\_\_\_\_

Please state whether your child has any dietary requirements or is allergic to any types of food \_\_\_\_\_

Does your child suffer from any other allergies? \_\_\_\_\_

**Note: ALL ASTHMA SUFFERERS MUST CARRY INHALERS during training**

**Declaration by parent/carer:** I certify that the information given on this form is accurate and there is nothing else that the leaders of this event should be aware of. I also give permission for my child/ward to receive emergency treatment if necessary.

Name:.....

Name of Child:.....

School:.....

DOB:.....

Address:.....

Email:.....

Tel no:.....

Date:.....

I give permission for my child/ward to have their photos taken for promotion of Eire Og Oxford GAA Club.....