

IMPORTANT CONTACT INFORMATION

Child's Name(s)

On the line below, please list a cell phone # we can reach you at during camp if you are not staying on the premises:

VOLUNTEERS NEEDED!!!!

In order to run a successful and safe camp, we need parent volunteers to stay at camp from 12pm-3:00pm each day. Volunteer duties would range from checking kids in as they arrive at camp, escorting kids to and from the bathroom and assisting with phone calls in case of a weather emergency.

If you can help, please circle the day or days you can volunteer:

Name:-----

Phone No. -----

Email Address:-----

Monday, July 13

Tuesday, July 14

Wednesday, July 15

Thursday, July 16

Friday, July 17

If you have any questions, please email Sue Braubach at slbraubach@aol.com

REGISTRATION FORM LOCATED ON THE REVERSE SIDE.



**2009 SUMMER CAMP
JULY 13 -17
12PM - 3:00PM**

**PRAIRIE VIEW PARK
6834 DEMPSTER ST.
MORTON GROVE, IL**

**Make Checks payable to:
Chicago Celtic Youth GFC**

Registration and Payment should be sent to:
Sue Braubach
9129 Birch
Morton Grove, IL 60053

DEADLINE TO REGISTER FOR THIS CAMP IS WEDNESDAY, JULY 1ST

CHICAGO CELTIC YOUTH
GAELIC FOOTBALL CLUB
2008 SUMMER CAMP REGISTRATION
INFORMATION SHEET
CAMP DATES: JULY 13-17
TIME: 12:00PM - 3:00PM
LOCATION: PRAIRIE VIEW PARK,
6834 DEMPSTER ST.,
MORTON GROVE

FEE: \$50 PER PLAYER/MAX \$100 PER FAMILY
Please send your completed registration form
and payment to
Sue Braubach
9129 Birch, Morton Grove, IL 60053

IMPORTANT NOTE: The camp program could be cancelled on a day of serious inclement weather at the start of camp or during the camp day. Please send your child with a water bottle. Also make sure your child comes with sunscreen on and wearing soccer shoes.

WE ARE IN NEED OF PARENT VOLUNTEERS TO RUN A SUCCESSFUL CAMP. PLEASE INDICATE ON YOUR REGISTRATION FORM IF YOU ARE AVAILABLE TO VOLUNTEER YOUR TIME FROM 12PM-3:00PM ON ONE OR MORE DAYS OF CAMP. WE NEED PARENTS WHO CAN HELP US ESCORT YOUNGER CHILDREN TO THE BATHROOM AND BACK, MAKE PHONE CALLS IF CAMP GETS CANCELLED DUE TO INCLEMENT WEATHER OR THERE IS AN EMERGENCY WITH YOUR CHILD.

Directions

Prairie View Park, 6834 Dempster, Morton Grove

The park is located on Dempster Street one block east of Waukegan Road and a quarter of a mile east of Harlem Avenue. It is approximately 2 miles west of the Edens Expressway and approximately 4 miles east of Interstate 294.

Camp Registration Form

Last Name: _____

Address: _____

Player's First Name _____ Age _____ Birthdate: _____ T-Shirt Size _____

Available Shirt Sizes Youth 6-8,10-12,14-16 Adult Small, Medium and Large
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Parent/Guardian Name: _____

Phone: _____
(Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Allergies, diseases, disorders, or disabilities: _____

Special circumstances the Club should be aware of: _____

Indicate mode of transportation leaving camp: _____By Parent _____Car Pool _____Riding/Walking

EMERGENCY CONTACTS: Include authorized individuals to contact if unable to reach parents.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

IMPORTANT I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the GAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with Gaelic Football and in consideration for the GAA accepting the registrant for its Gaelic Football programs and activities (the "Programs", I hereby release, discharge, and/or otherwise indemnify the GAA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent/Legal Guardian (Please Print) _____

Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR) - As the parent or legal guardian of the above-named registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent or Guardian _____ Date _____

Address: _____ City: _____ State: _____ Zip: _____

FOR REGISTRAR'S USE ONLY	
Total # of Kids _____ x \$50 = \$ _____	Payment Enclosed: Check _____ Cash _____
(MAX \$100 PER FAMILY) Checks Payable to Chicago Celtic Youth GFC	

PLEASE COMPLETE INFORMATION ON THE REVERSE SIDE.