



Dunshaughlin Rockets Easter Clinic Registration Form 2019

Player Name:

Date of Birth:

Address:

Phone/Mobile No:

Parent/Guardian Email:

Relevant Medical Conditions:

Is your child covered with Brennan 24hr schools insurance? Yes No

Emergency Contact

Name:

Telephone:

Session 1 : 9.30am - 12.00pm Age Group 2008/2009/2010

Session 2 : 1.00pm - 3.30pm Age Group 2006/2007

Session 3 : 3.30pm - 6.00pm Age Group 2002/2003/2004/2005

Parent/ Guardian Signature:

Date:
