

# ÉIRE ÓG OXFORD GAA CLUB

<http://www.eireogoxford.co.uk/>



## YOUTH GAELIC FOOTBALL 2017

- **Age Groups** - U6s, U8s, U10s, U12s.
- **Training** - Every Saturday at 1pm
- **Begins** - Saturday 4<sup>th</sup> March 2017
- **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!

Join our Mini Ogs!

**Qualified Coaches**

All Coaches are DBS and safeguarding cleared

**The coaching will be free in 2015**

F Dillon - 07546276503

T Griffin - 07472456545

M Hastings - 075703749014

Please call after 6

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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 SUFFERS 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.....