



# PARTICIPANT Registration Form



NAME	
ADDRESS	
CLUB:	
TEL NO:	
EMAIL:	
EMERGENCY CONTACT NO:	
ANY MEDICAL CONDITIONS?	

- Photos may be taken during this programme for promotional purposes. Please tick here to confirm that you are happy to be included in these pictures.
- I understand that **personal injury cover** during this programme is not the responsibility of the Ladies Gaelic Football Association
- I give permission for my name and details to be held on the Ladies Gaelic Football National Database.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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