





BRU NA SI - APPLICATION FORM 2020 / 2021

Student Details

Name:	DOB:
Address:	
Instrument / Dancing:	
Medical Allergies / Conditions:	

Parent/Guardian Details

Parent / Guardian 1 Name:	Parent / Guardian 2 Name:
	
	

Consent

We give our consent to the Leaders at Brú na Sí to obtain professional medical aid for our child in the case of a medical emergency or serious injury	Yes	No
For membership of Comhaltas it is a requirement for us to pass the name of your child(ren) and/or date of birth/address to Comhaltas County Branch to complete branch registrations. In order to comply with Data Protection, we require your permission to pass on this information	Yes	No
We give permission for our child's photograph to be published on the Private Brú na Sí members Facebook page. https://www.facebook.com/groups/Brunasimembers/	Yes	No
We give permission for our child's photograph to be published on the Public Brú na Sí Page.	Yes	No
We give permission for inclusion of our child's photographs in a local/national newspaper when representing our group	Yes	No

Signed: _____

Parent / Guardian, on behalf of the above named child

Please follow our Facebook page for any updates:

<https://www.facebook.com/groups/Brunasimembers/>

