



**5 A SIDE SOCCER**



**TOURNAMENT**

**AT THE**



**5 A SIDE SOCCER TOURNAMENT**

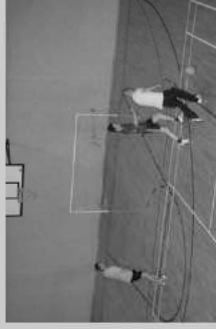
**PROGRAMME**

The CDYC 5-a-side Soccer Tournament is back for the 4th year running! Whether you're footy mad or just out for a laugh, come along and be in with a chance to lift up the trophy. Get yourself into a team or just turn up and we'll find you one!

This year we'll be making our way back to the National Maritime College of Ireland and using their excellent sports facilities.

There'll be plenty of other things to keep the action going between

matches: game consoles, Giant Jenga, random games and more... After the tournament, we'll have something to eat and give out the prizes. Come play football and have a great day!



To keep up-to-date with what's happening for young people in the Diocese, visit [www.cdyc.ie](http://www.cdyc.ie)

**KEY INFO**

**WHAT:** Soccer, other fun stuff + food.

**WHERE:** NMCi, Ringaskiddy, Cork harbour.

**WHEN:** 1-6pm on Sat 21st November 2009.

**HOW:** Complete the attached forms and send in ASAP!

**WHO:** If your in secondary school, then YOU!

Queries? Contact Mark Dunwoody, Diocesan Youth Officer:

0872720260 / [mark@cdyc.ie](mailto:mark@cdyc.ie)

Or

James Fleury

0861736965 / [james@cdyc.ie](mailto:james@cdyc.ie)

# 5 A SIDE SOCCER 09

## PARTICIPANT INFO

Name:	
Address:	
Home Phone Number:	
Participant's Mobile:	
Participant's E-mail:	
Date Of Birth:	
Special Dietary Requirements:	
Special Medical Requirements:	
Parish/Area	

## PAYMENT DETAILS

Please make all cheques/postal orders payable to: **Cork Diocesan Youth Council (CDYC)**. Transport is available from and to West Cork at an extra cost of €5 per person. Please tick below and include payment, as appropriate.

I enclose full payment for the event of €5.

I enclose full payment for the event and for transport from/to West Cork at a total of €10.

Please return completed booking form and full payment **no later than 14th November to: James Fleury, Timberley, Diamond Road, Monkstown, Co. Cork.**

## PARENTAL CONSENT

### TO BE COMPLETED BY PARENT/GUARDIAN OF PARTICIPANT

Name of Parent/Guardian	
Address (If different from Participant's)	
Email Address of P/G	
Home phone No. of P/G	
Emergency Contact No.	
Name of participant's GP	
Phone Number of GP	

I give permission for my child to go to 5-a-Side Soccer 09 with CDYC, on the 21st Nov 2009, and to participate in all the activities.

In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated First-Aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital, if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I give permission for my son's/daughter's photograph to be used in future publicity, whether printed, by email or on the website of CDYC.

(If YES, Please Tick)

I give permission for my son/daughter to be contacted via mobile phone/text in relation to CDYC events.

(If YES, Please Tick)

I give my permission for my son/daughter to be contacted via email in relation to CDYC events.

(If YES, Please Tick)

If YOU would **NOT** like to receive information on future events, please tick.

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE:

(Parent/Guardian of named Participant)