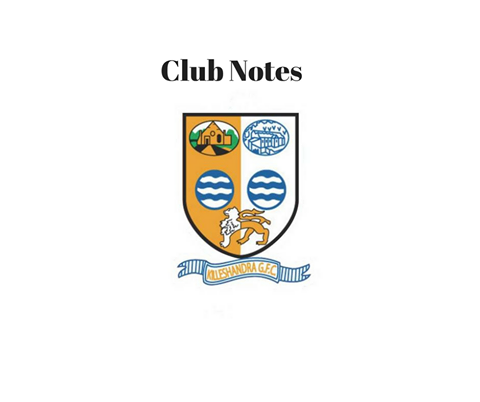
|  |  |
| --- | --- |
| **Administration** | |
| **Fee paid** |  |
| **Registered on System** |  |

**CLG Cill na Seanratha**

**Killeshandra Leaguers GAA**

**Club Membership Form**

**Please complete all relevant sections of this form, do not leave blanks.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **Forename(s)** |  | | |
| **Address** |  | | |
| **Mobile No** |  | | |
| **Email** |  | | |
| **Player** | Yes / No | **Date of Birth(if player)** | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |
| **Membership Fee** | €30 single €60 couple Club Killeshandra | | |
| **I am paying by** | Cash Cheque Direct Debit | | |

I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

*Upon election, your membership details will be entered on the G.A.A. Membership database in accordance with rule 2.2. This information will be used by the GAA for the purpose of administration only.*

**I have read the important Data Protection information provided to me and have given my consent, by ticking the boxes and signing below, for my information to be used as follows:**

(Please tick as appropriate)

(1) To provide me with updates regarding Club activities such as games, training, meetings and club events & to provide me with details of Club fundraising activities including Lotto, social occasions, ticket sales etc

(2) I am aware that mine or my child’s photograph or video image may be taken whilst attending or participating in games or activities connected with the Club and I consent to it being used by the Club for items like match programmes, year books, match reports, event reports or on the Club website or social media channels.

I understand that I can withdraw my consent at any time by writing to the Killeshandra GAA.

I understand my rights under Data Protection legislation, as have been shown to me.

Sínithe/Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dáta: \_\_\_\_\_\_\_\_\_\_\_\_\_

***Please turn over form for child / youth membership….***

**Child/Youth Player Registration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Address (if different from above) | Date of Birth | Gender | New Member Y/N |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Medical Information**

Please outline any medical information (i.e. allergies, conditions, medication) which may impact on your child’s health, welfare or behaviour while participating in our activities.

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the processing of the personal medical data as outlined above for the purpose of administering medical assistance to my child if required.

In the event of illness/injury, I give permission for medical treatment to be administered by a nominated first aider, or by suitably qualified medical practitioners.

If I cannot be contacted and my child requires emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Sínithe/Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) Dáta: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent(s)/Guardian(s), on behalf of the above named:-**

* We/I consent to the above Application and to undertakings given by myself and the childI(ren) listed.
* We/I understand the personal data on this form will be used by the Club and the GAA for the contractual purpose of registering (or re-registering) and maintaining the Applicant’s Membership.
* We/I understand that the Personal Data will be retained by the Club and the GAA for such period as the Applicant’s Membership subsists.
* We/I understand that I can resign the Applicant’s Membership by writing to the Club or the GAA and their Personal Data will then be erased.
* We/I understand that the Applicant’s Personal Data will also be used for administrative purposes to maintain their Membership including club and team administration, registrations, teamsheets, referee reports, disciplinary matters, Injury Reports, transfers, sanctions, permits and for statistical purposes.
* We/I understand that if I do not provide the Applicant’s Personal Data their Membership cannot be registered with the Club and the GAA.

In the event of illness or injury suffered during any club activities, We/I hereby give my/our consent and authorisation for the appropriate medical treatment to be sought from qualified medical personnel and where considered necessary administered to my/our child.

Sínithe/Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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