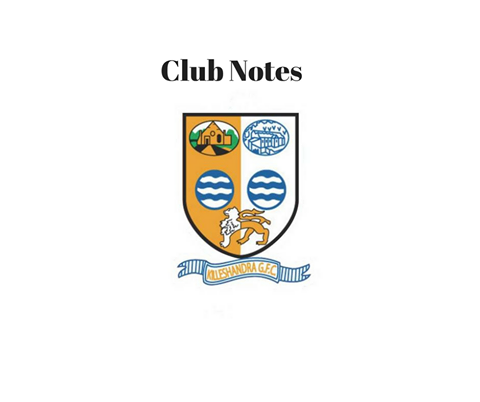
|  |  |
| --- | --- |
| Administration | |
| **Fee paid** |  |
| **Registered on System** |  |

**CLG Cill na Seanratha**

**Killeshandra Leaguers GAA**

**Club Membership & Youth Player Registration Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Contact No** | 08 / |
| **Email** |  |
| **Date of Birth** |  |

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.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**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.**

**Youth Member Registration**

I hereby apply for Membership of the Killeshandra CLG and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association). My son/daughter (s) 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address (if different from above) | Date of Birth | Gender |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Parent(s)/Guardian(s), on behalf of the above named:- We/I consent to the above Application and to undertakings given by the Applicant.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**Medical Details & Emergency Contacts**

|  |
| --- |
| **Please provide details of any special needs / requirements or medical history i.e. details of any known allergies, conditions or medications. Parents / guardians are obliged to disclose any information regarding medication which my impact on their child’s welfare or behaviour while participating in sport.** |
| Child(s) Name: |
| Details: |

**Medical Care**

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child’s needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *Please tick one* |

Emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_08 /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_08 / \_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography**

I agree that photographs or recorded images may be taken during or at sport relate activities, which may include my child and may subsequently be used in the promotion of our games.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *Please tick one* |

**Communication**

I agree that my son/daughter may be contacted by club communication means such as group text message or facebook group. My son/daughter will not be messaged individually.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *Please tick one* |

**Code of Best Practice**

I have been informed that a copy of the Code of Best Practice is available on the GAA website and I agree that my child should abide by this whilst in the care of the club.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  | No |  | *Please tick one* |