



*Young Ireland's GAA Club 2017
Membership (under 10)*

Membership fee for 2017: €30 per child subject to maximum of €80 per family

Please fill in all sections

Child 1: _____ Date of Birth: _____

Child 2: _____ Date of Birth: _____

Child 3: _____ Date of Birth: _____

Child 4: _____ Date of Birth: _____

Child 5: _____ Date of Birth: _____

Address: _____

Parent/Guardian Contact Details:

Mother's Name: _____ Father's Name: _____

Mob. Phone: _____ Mob. Phone: _____

Home Phone: _____ Email: _____

Information on team training, games or club news will be sent to you on a regular basis via group texts. It is Club policy that such information be sent to the parents or guardians of our under age players rather than directly to the underage players. Please give the mobile number to be used for such contact.

Contact Number: _____

Does any of the above named suffer from any illness or allergies that the club should be aware of? *Please provide any relevant information regarding specific illnesses, condition, medication, allergies or disabilities of which we should be aware:*

Should any of the information provided change during your child's involvement with the club the onus is on parent/guardians to update the information provided to the club

Consent Form:

Our teams may be photographed or filmed for coaching purposes, or as part of match coverage in newspapers or for use on our club web site or for publicising our Club. Such photographs will adhere to the GAA Guidelines for use of photography and filming.

I /We give permission to Young Ireland's GAA Club to allow photographic or film images of my child to be used for such purposes.

Yes No

I/We agree to Young Ireland's GAA Club providing transport my child to and from events involving Young Ireland's GAA Club where necessary

Yes No

Young Ireland's GAA Club may provide first aid assistance to my child where necessary by a nominated first aid official. If I cannot be contacted and my child needs emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Yes No

I accept and understand the GAA Code of Behaviour, on my own behalf and on behalf of my child (*Full version of GAA Code of behaviour can be found on the club website www.youngirelands.gaa.ie)*

Yes No

Registration with the GAA Association:

I hereby agree that my child will be registered on the GAA Central Membership Database by Young Ireland's GAA Club. (This information will be used by the club and the G.A.A. for administration only)

Signature of parent/guardian: _____

Date: _____

Membership amount enclosed: _____