



Naomh Comhghall Cumann Lúthchleas Gael
St Comgalls Gaelic Athletic Association
www.stcomgallsgaa.com

Youth Membership Application Form 2018

Ainm/Name: _____

Seoladh/Address: _____

_____ Post Code: _____

Parent/Guardian Name: _____ Mobile Phone No: _____

Home Phone No: _____ Email: _____

Date of Birth: Day Month Year (e.g. 06 02 90) Male Female

Age at 1st Jan 2018 School year group 1st Jan 2018 (Primary School only e.g. P1, P2 etc)

I hereby apply to **Naomh Comhghall** for Membership of the Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association).

I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael and to abide by their rules and codes of conduct. **I have read and agree to the players' code of conduct.** I attach the Club membership fee of **£10.00** as determined by the Club for 2018.

Youth Member

Sinthe/Signed: _____ Print Name: _____

Date: _____

Parent/Guardian, on behalf of the above named:

We/I consent to the above Application and to undertakings given by the Applicant and agree to abide by the Clubs rules and code of conduct. **I have read and agree to the parent/guardian code of conduct.**

Sinthe/Signed: _____ (Parent/Guardian) Date: _____

Print Name/s: _____

Address (if different from above): _____

_____ Email: _____

Data Protection: We (Naomh Comhghall CLG) will use the information you have supplied to communicate with you in line with data protection guidelines. Your membership details will be entered on the GAA membership database in accordance with rule 2.2. This information will be used by the GAA for the purpose of administration only.

Consent for photographing/video-taking/social media

PLEASE TICK IN THE BOX. I realise that occasions will arise where photographs and / or videos may be taken of children involved in Club training sessions, matches and events and images may be used in the Clubs promotional material and social media applications (facebook, twitter etc.)

Consent for away trips

PLEASE TICK IN THE BOX. I realise that activity with the Club will involve away trips and I consent to my child taking part in these visits. I acknowledge that the Club will be liable in the event of any accident only if it fails to take reasonable steps in its duty of care for my child during the trip. I understand that the Club has a common law duty to act in the capacity of a reasonably prudent parent/guardian.

Consent for first aid

PLEASE TICK IN THE BOX. I realise that the nature of the sport may result in injuries which may require the application of first aid. I give my permission that a trained first responder can treat my child appropriately. The Club shall inform you as parent/guardian if an injury requiring treatment has occurred.

Medical Details

Is there anything that coaches should be aware of when your child is involved in GAA activity, e.g. hearing difficulty, allergy (nuts), medical condition (diabetic, epilepsy, asthma) dietary requirements or other relevant information, please state below:-

Disability – do you consider yourself to have a disability?

Yes No

If yes, what category does it fall under?

- Hearing, speech or visual impairment
- Co-ordination, mobility or dexterity
- Mental health

- Learning difficulties
- Other physical or mental disability, please state _____

Do you have any special access requirements?

Yes No

Please state _____

Alternative Contact Details of 2 other adults who can be contacted if you (parent/guardian) are not available:

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Phone (Mobile): _____

Phone (Mobile): _____

Phone (Home): _____

Phone (Home): _____

For Official Use Only:

Date Paid: _____

Payment Receipt No: _____

Youth Membership approved by Club Executive (date): _____ Sinithe/Signed: _____ (An Runai)

Registered on Central Membership Database (date): _____ Membership Identification Number: _____