

Cumann Lúthchleas Gael Ail Finn

Youth Membership Application Form



Child's / Player's Name (BLOCK CAPITALS): _____

Address: _____

Date Of Birth: ____ Day ____ Month ____ Year / e.g 01 01 10

Application: I hereby apply to Elphin GAA Club to become a member. I subscribe to and undertake to further the aims and objectives of Elphin GAA Club, to abide by its rules, respect my coaches and trainers, my team-mates and players on opposing teams.

I promise to respect referees and match officials and to play games in a sporting manner.

I agree to pay the appropriate membership fee.

Child's / Player's Signature: _____

Parent's Consent: I / We consent to the above application and undertaking given by the applicant

Parent's / Guardian's Signature: _____

Printed Name _____

Mobile Number _____

Email Address _____

Membership Fees (Circle where appropriate):

Minor / Under18: €20

Adult: €30

Family (2 Adults/ All Children Under18): €100

Medical History Information

(Please include details of any known allergies, conditions and medications):

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

Other Information:

Any other special needs, requirements or directions that would be helpful for Coaches or Officers to know about:

Parental / Guardian Consent

I am the Parent / Guardian of _____

I understand that **Photographs** will be taken during or at sports related events and may be used in promotion of sport. I hereby consent to the above child/children participating in activities of the organisation in line with the Code of Ethics for Young People. I hereby consent to be included on the Elphin GAA Club Postal, Email and SMS Distribution Lists. I will inform the Coaches or Officers of the Club of any changes to the above information. I confirm that all details above are correct and I am able to give parental consent for my child / children to participate in and to travel to and from all activities.

Signature: _____ **Print Name:** _____
Parent / Guardian