** gaa logo**

**Naomh Comhghall Cumann Lúthchleas Gael**

**St Comgalls Gaelic Athletic Association**

**www.stcomgallsgaa.com**

**Youth Membership Application Form 2019**

Ainm/Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seoladh/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 2019 ……………. (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 **£15.00** as determined by the Club for 2019.

**Youth Member**

Sinithe/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.**

Sinithe/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 Learning difficulties

Co-ordination, mobility or dexterity Other physical or mental disability,

Mental health 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: \_\_\_\_\_\_\_\_\_\_\_\_\_