



Kilnadeema Leitrim GAA Club

Cumannan Lúthchleas Gael Cill na Dioma - Liathdroim



Juvenile Membership Registration Form

Full Name of child:	Date of Birth:
Address:	School:
Parent's Name:	
Home/Parent's Mobile No:	Parent's Email:

PARENTAL/GUARDIAN CONSENT TO BE COMPLETED FOR ALL JUVENILE MEMBERS

I confirm, that as a Parent / Guartidian of my child I give permission for _____
to participate in Club games and other related activities: Yes No

Our Club promotes the Code of Best Practice and Code of Behaviour and insists that all players, mentors, coaches, parents & guardians adhere to these codes and abide by our Association's rules.

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONCERNS INCLUDING ALLERGIES OR MEDICATION RELATING TO YOUR CHILD: _____

SHOULD YOUR CHILD'S MEDICAL NEEDS CHANGES DURING THE YEAR YOU ARE OBLIGED TO INFORM THE TEAM MENTOR: _____

During the season our teams may be photographed or filmed for coaching, match coverage and/or promotional activities solely for the promotion of our Gaelic Games. These images will adhere to the GAA guidelines for filming/photography. Should you object to your child appearing in such images, please inform the relevant team mentor. Additionally, information on team training, games or club news will be sent to you, the parent/guardian, via group texts/emails. It is this Club's policy that all such information be sent to the parents/guardians of our under age players rather than directly to the under-age players.

PARENTAL/GUARDIAN CONSENT

This form should be completed in full by your child's legal guardian only, and submitted with your child's application for membership to the club. The completion of this form is essential to enable your child participate in all GAA games, training and other activities in your club.

I wish to inform you that, as a parent/guardian of _____ (child), I consent to his application for membership of Kilnadeema/Leitrim GAA club, to undertakings given by him within this application and to his participation in training, games and other activities organised by the club. I consent to my child being transported, by appropriate public transport, to games, training or activities WITHIN the county of Galway and I understand that I will be given full details of these events, including supervision arrangements for my child.

I understand that, during the season, teams may be photographed or filmed for coaching purposes, as part of match coverage in newspapers, for use on the club website, Joe Keane's Flickr for publicising the club. I understand that such photographs will adhere to the GAA guidelines for use of photography and filming. I consent to my child being photographed or filmed by authorised club personnel for the above purposes only.

I understand that, in the event of injury to my child, first aid will be administered and I will be informed and/or contacted without delay, as appropriate. In case of emergencies, leaders will do everything possible to contact me so that I can make appropriate decisions for my child. If I cannot be contacted and where medical treatment is required without delay, I authorise the leader in charge to give consent for any medical treatment on my behalf.

PRINT NAME: _____ Signed: _____ Date: _____

Phone number _____ Emergency contact number (if different)

Information on team training, games or club news will be sent to you on a regular basis via group texts/ email. It is our club's policy that this information be sent to the parents or guardians of our under age players, rather than directly to the underage players. What telephone number may we use to contact your child?

Information contact number _____

Please state if your child has been diagnosed with any specific illness, condition, allergies or disabilities of which we should be aware (i.e. asthma, epilepsy and allergies etc to particular food or drink)

Is your child currently taking any form of medication? Yes/No

If yes, please give details _____

Does your child need to be in possession of, or need to be able to administer medication while participating in GAA games or other activities? Yes/No

Can your child administer this medication without assistance? Yes/No

Does your child have any special requirements or is there any other information your club should aware of in order to ensure your child's safe participation in the club and its activities?

For Office Use Only

Youth Membership approved by Club Executive on

Data/Date

SINITHE: _____

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Registered in Central Membership Database on

Data/Date

