



Watty Grahams GAC

An Gleann, Machaire Ratha
Co.Doire



Cumann Luthchleas Gael Youth Membership - Registration Form

Ainm/Name (of Youth Member) _____

Seoladh/Address: _____

Phone/Mobile/Fax: _____ / _____ / _____

Email (if available): _____

School: _____

Date of Birth: _____ (Day) / _____ (Month) / _____ (Year) (e.g. 06/02/94)

I hereby apply to: C.L.G WATTY GRAHAM, AN GLEANN for Membership and for 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 (The Gaelic Athletic Association), and to abide by its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

Sinithe/Signed _____ Data/Date: _____

Print Name: _____

Parent(s)/Guardian(s), on behalf of the above named: -

Please Initial

We have been made fully aware of the necessary standards expected of Youth Members of C.L.G Watty Graham, An Gleann and are familiar with the POLICIES & CODES OF CONDUCT as established by the club.

We are aware that C.L.G Watty Graham, An Gleann have implemented a Child Protection Policy and Safeguarding Vulnerable People Policy which is designed to protect Youth Members & all others who join the club.

We/I consent to my/our child taking part in away trips, matches, events & activities and undertake to pay the required sums if requested.

We/I commit to assisting the club in any way we/ I can with regard to the promotion and development of Gaelic games and the implementation of the Codes of Conduct.

We/I consent to the above Application and to undertakings given by the Applicant.

Print Name: _____

Sinithe/Signed _____ (Parent/Guardian): Data/Date _____

Print Name: _____

Sinithe/Signed: _____ (Parent/Guardian): Data/Date _____

For Official Use only:

Youth Membership Application approved by Club Executive on _____ Data(Date): _____
Sinithe(Signed) : _____ Club Runai (Secretary)
Registered in Central Membership Database on _____
G.A.A. MEMBERSHIP IDENTIFICATION NUMBER: _____



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Youth Membership – Additional Information / Medical Form

Ainm/Name (of Youth Member) _____

ADDITIONAL INFORMATION (Optional)

Parents / Guardians:-

ADDRESS: - _____ HOME Telephone No. _____

Email Address - _____

I wish / do not wish to be part of the club's **TEXT MESSAGING** service, to receive information about club events & fixtures etc.

Mobile Number: _____

I am / am not willing to join a member's **HELPERS ROTA**, to assist in various club events or to assist in keeping the club facilities in a clean, tidy and safe condition.

Mobile Number: _____

Please detail below any other information you may wish the club coaches & youth officers to be aware of that may affect your child's participation in Gaelic sports- for example injuries, medical conditions, dietary conditions, allergies etc.

INJURIES -

MEDICAL CONDITIONS - (e.g. asthma)

MEDICAL DETAILS

Name of Doctor: _____

Address / Surgery: _____

Telephone No. _____

DIETARY CONDITIONS – (e.g. allergies) -

SPECIAL NEEDS -

OTHER -

All information submitted is given on a voluntary basis and will be treated with the strictest of confidence and only be used if an emergency situation arises.



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Youth Membership - Photograph Consent Form

C.L.G Watty Graham, An Gleann feel it is important to recognise the achievements and successes of our youth and of the club as a whole. One of the ways to do this is to publish photographs and details of achievements in our local press. As a club we would like to use pictures of our youth members in the local press and at times, on the club website. We take the issue of child safety very seriously and this includes the images of the children in our care. Our duty to our young members is paramount and this form of publicity shall be carefully monitored to ensure that it is consistent with our Child Protection Policy and the Data Protection Legislation.

For this reason we have put the following guidelines into place:

- We ask parental consent for the club to take and use photographs of their children and for permission to use the press and media to promote our youth development programme.
- Photographs and interviews will at all times take place in the presence of a club youth coach.
- We will only use team photographs and action photographs on our website.
- Action and individual photographs will only be used, with individual parental consent, prior to the inclusion on the club website or in the local press.

I have read the conditions of use and consent to my child/children's photograph being used. If there is any change to my decision I will inform the club.

Name(s) of child/children: _____

Name of Parent / Guardian: _____

Signature: _____

Date: _____

Queries regarding this form should be addressed to one of the club Child Protection Officers.