



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. 06/02/90)

I hereby apply to: WATTY GRAHAM'S G.A.A.Club 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 supplied with a Youth Membership Booklet from Watty Graham's G.A.A.Club and are familiar with the POLICIES & CODES OF CONDUCT as established by the club.

We are aware that Watty Graham's G.A.A. Club have implemented a Child Protection 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 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.

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

Print Name: _____

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

Print Name: _____

For Official Use only :

Youth Membership Application approved by Club Executive on _____ Data(Date): _____
Sinithe(Signed) : _____ Club Runai (Secretay)
Registered in Central Membership Database on _____
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 - _____

If you would like to be part of the club's TEXT MESSAGING service please include your preferred mobile telephone number below. As part of this service you will receive text messages informing you of matches, dates/times/changes to training sessions & club events etc.

Mobile Number: _____

Would you be willing to join a members/parents/ HELPERS ROTA to assist in keeping the club pitches, changing rooms and facilities in a clean, tidy and safe condition. If Yes, then please include your preferred mobile telephone number below. As part of this Rota, you may be asked to participate in clean-ups approximately twice each season.

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.