



CLANNAIDH 1884

# Clane GAA Club

Membership Application and Annual Registration Form

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Nos: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Membership Type:** Adult (€100)  (Player)    Student (€70)  (Over 18, Full Time Student)    Social (€40)     Adult (€90)  (Non Player)    Family (€140)  (2 Adults and all children U18)    U7 to Minor (€70)  (U18 only)    U6's (€50)     Referee  (Please indicate if you are a Club Referee)

**In case of Family Membership list all family members (U18) applying for membership below:**

Adult 1 \_\_\_\_\_ Adult 2 \_\_\_\_\_

**List all playing members below:**

	Players Name	DOB	Football	Ladies Football <i>(please enter "X" as appropriate)</i>	Hurling	Camogie
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Consent and Declaration of Parent/Guardians of Applicants Under 18 years of Age**

I/We consent to the application for membership of Clane GAA Club and Cumann Lúthchleas Gael (GAA) of the U18 applicants listed overleaf and to the undertakings given by him/her.

I/We give permission for the U18 players listed overleaf to participate in gaelic games and other related activities with Clane GAA Club.

**Medical History:**

Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child's/children's welfare or behavior while participating in our sports to the team Mentors.

**Illness and Injury:**

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

Emergency contact: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Travel:**

I/We give permission for my child/children to travel to and from away games and other related activities while in the care of Clane GAA Club.

**Photographs:**

As part of our games, photographs or recorded images of your child/children may be taken and published on the Clane GAA Club Website and local media.

I/We agree that photographs or recorded images may be taken during or at sport related activities, which may include my child/children and may subsequently be used in the promotion of our games as members of Clane GAA Club.

**Text messaging:**

I/We give permission for Clane GAA Club to use group text messaging relating to the participation of my child/children in relation to Clane GAA Club's games and sport related activities to referenced parents/guardians.

**Code of Best Practice in Youth Sport**

I/We have read and accept the rules and procedures as set down on the GAA Code of Behavior Website; (online at <http://www.gaa.ie/the-gaa/child-welfare-and-protection/code-of-behaviour>).

Note: the details and declaration on this form must be completed by the parent/guardian of all persons under the age of eighteen applying to become playing members.

I/we hereby apply to Clane GAA Club for Membership, and for Membership/Youth Membership of Cumann Lúthchleas Gael (The GAA). I/we subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (GAA) and to abide by its Rules and I/we attach herewith the appropriate fee.

**Signature of Parent/Guardian:**

**Date:** \_\_\_\_\_

***Official Use Only:***

Membership approved by Club Executive on _____	
Sinithe: _____	Club Runaí
Registered in Central Membership Database on _____	
Membership ID Number _____	

Upon Clane GAA Club granting Membership, your membership details will be entered on the GAA Membership database in accordance with Rule 2.2 of the GAA Official Guide - Part 1. This information will be used by Clane GAA Club and the GAA for the purpose of administration.