

WARWICKSHIRE GAA YOUTH MEMBERSHIP APPLICATION FORM



Player's Information:

Name:.....Date of Birth:.....

Address:

.....Home Telephone No.....

School Currently Attending:

I hereby apply to _____ for membership to both the Club and the GAA. I agree to further the aims and objectives of the Club/GAA and abide by its' Code of Behaviour, as set down in the Code of Best Practice in Youth Sport.

Signed:Player.....Date

Parent/Guardian:

◆I/we consent to the above application and understand that ID cards will be held by management.

◆I/we understand that his/her membership details will be entered on the GAA Membership database in accordance with Rule 2.2. Details of name, date of birth and address will be held and will be used by the GAA for purposes of administration only. **No details will be disclosed to any third party.**

◆I/we acknowledge receipt of the 'Code of Behaviour', as set down in the Code of Best Practice in Youth Sport.

◆I/we enclose the appropriate membership fee as determined by the Club.

SignedGuardian.....Date

I/we understand that the Club may at times photograph or record images of my child during club activities for the purposes of the Clubs and/or GAA websites, Club publicity and/or use within the local press for the purpose of promoting our games. I/we confirm that I/we have no objections to this.

SignedGuardian.....Date

Medical Consent:

Does your child have any medical conditions that our Mentors should be made aware of?

Yes or No

If yes, please specify

Does your child have any allergies that our Mentors should be made aware of?

Yes or No

If yes, please specify

Does your child take any medication?

Yes or No

If yes, please specify

In the event of illness or injury, I give permission for medical treatment to be administered by a nominated first aider or qualified medical practitioner. If I cannot be contacted, I agree, where deemed necessary, to my child being brought to hospital, and treatment/medication being carried out by a qualified medical practitioner.

Yes or No

Should it be deemed that, due to medical considerations, my child would require constant supervision, it shall be my responsibility to provide qualified adult supervision.

SignedGuardian.....Date

Group Text Messaging:

I wish for my club/county to use group text messaging relating to the participation of my son/daughter in relation to club/county game's activity. I wish for such text messages to be sent to:

Myself only Text Contact Number:

My child and myself Text Contact Numbers:

Parent/Guardian Contact Details: The following can be used for Communication/Emergency purposes

(1) Please Print Name.....

Mobile No:.....Email Address:.....

Club Use: Membership Number.....Date Registered.....