



Bride Rovers GAA Club
Fanaithe Na Bríde
Rathcormac, Co.Cork.



MEMBERSHIP FORM

Player's Details

Name: _____ Ainm: _____

Address: _____

D.O.B: _____

Group: _____ FEE: _____

Parent Details

Name: _____ Mobile: _____

Name: _____ Mobile: _____

E mail: _____

Important medical information and consent

Condition: _____

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

Signed: _____

Parent/Guardian consent

I the parent/guardian of: _____

Photography/video: I understand that photographs and video will be taken during or at hurling/football related events and may be used in promotion of the sport.

Code of Ethics : I hereby consent to the above child participating in activities of the organization in the line of the code of ethics. I will inform the mentors or secretary of any changes to the information above.

Code Of Conduct : I confirm that I/we have read and our child has read to it has been explained to them , the code of conduct rules of the club and we understand and are in full agreement of these.

I confirm that all details are correct and I am able to give parental consent for my child to participate in and travel to activities.

Parent/Guardian Signature: _____ **Date:** _____