



MEMBERSHIP APPLICATION 2013

ADULT 1 - APPLICANT INFORMATION

Name:		
Date of birth (players only):	Home Phone:	Mobile Phone:
Current address:		
City/Town:	County:	email:
Gender	Male/Female	

ADULT 2 - APPLICANT INFORMATION FOR JOINT MEMBERSHIP

Name		
Address:		Phone:
City/Town:	County:	email:
Relationship to Adult 1:		

EMERGENCY CONTACT

Name:	Mobile Phone:
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CHILDREN - APPLICATION FOR FAMILY MEMBERSHIP

Name:	Date of birth:	School:	Age Group:
Name:	Date of birth:	School:	Age Group:
Name:	Date of birth:	School:	Age Group:
Name:	Date of birth:	School:	Age Group:

PARENT/GUARDIAN SIGNATURES

I consent to my child/children playing Hurling and Football with the Newcastle West GAA Club. I have included a note on any health issues (e.g. asthma) that the club should be aware off. I also recognize and accept that photographs of my children may be taken during games and practice and may on occasion be shown in local media or on the club website. The Clubs Child Welfare and Protection Policy is available from the download section of the club website www.ncwgaa.com.

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

HEALTH INFORMATION (PLAYING ADULTS & CHILDREN ONLY)

Please indicate any health concerns the club and coaches need to be aware off:

ADULT APPLICATION SIGNATURES

Signature of applicant 1:	Date:
Signature of applicant 2 (<i>only if for a joint membership</i>):	Date: