



Membership Form

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Contact Number for Training/Matches (Parent/Guardian)

Subscriptions

€ 30 - Juvenile 5 – 9 years
 € 40 – Juvenile 10 -18 years
 € 40 – 3rd Level Student
 € 40 – Non Player
 € 100 - Adult Player
 € 20 - Senior Member
 € 90 - Family (2 + 2)
 €10 for each additional child
 (non-playing parents)
 € 20 - Social Member



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 @CobhGaa15

www.cobhgaa.com

Parent/Guardian		
	Name	Surname
Name		
Contact Number		
Contact e-mail		
Address		
Parent/Guardian		
	Name	Surname
Name		
Contact Number		
Contact e-mail		
Address		



Membership Form

Please Read and Tick (v) as appropriate.

I/We hereby apply for Membership of Cobh GAA Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association)	
I/We have read the Code of Conduct of Cobh GAA Club and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael and to abide by its Rules and Code of Conduct.	
I/We give approval for the above named child(ren) to travel on any organised transport by the club, to matches, training or any other organised Club Events.	
I/We give permission for any photo(s) taken of the above named child(ren) to be used in Club Publications, Club Social Media, Club Website and Local Press.	
I/We wish to be included in club texts/emails which Cobh GAA Clubs send in the promotion of club activities and events	
I/We understand that the personal data on this form will be used by the Cobh GAA Club for the purpose of registering/re-registering and maintaining mine/my child's membership	

Insurance/Injury Benefit Fund: Cobh GAA Clubs strongly encourages all parents to take out School Pupil Insurance for their child(ren) as this is good 24/7/365 cover for a very good price (€5/€10 per year depending on cover) see www.allianz.ie/schools/pupil-personal-accident

GO hOIFIGIÚIL (office use only)

D.O.B. VERIFIED: YES NO MEMBERSHIP PAID: YES NO

Trainer: _____ Amount (€): _____ Date: ___ / ___ / ___

Details Entered

Registrar: _____ YES NO Date: ___ / ___ / ___