





## 2017 Membership Form

Player Details	Subscriptions
Name _____ Address: _____ D.O.B. ____ / ____ / ____ School: _____	<b>€ 30</b> - Juvenile 5 – 9 years <b>€ 40</b> – Juvenile 10 -18 years <b>€ 40</b> – 3 <sup>rd</sup> Level Student <b>€ 40</b> – Non Player <b>€ 100</b> - Adult Player <b>€ 20</b> - Senior Member <b>€ 90</b> - Family (2 + 2) <b>€10</b> for each additional child <i>(non-playing parents)</i> <b>€ 20</b> - Social Member
Name _____ Address: _____ D.O.B. ____ / ____ / ____ School: _____	<div data-bbox="1007 792 1474 927">  Join us on <b>Facebook</b> </div> <div data-bbox="1007 936 1474 1070">  FOLLOW US ON <b>twitter</b> </div> <p><a href="http://www.cobhgaa.com">www.cobhgaa.com</a></p> <p>Sign up for <b>CLUB TEXTS @</b> <b>086 3099942</b></p>
Name _____ Address: _____ D.O.B. ____ / ____ / ____ School: _____	
Name _____ Address: _____ D.O.B. ____ / ____ / ____ School: _____	

### Medical Declaration

Do you / Does your child / Do your children have any medical conditions, allergies or special needs that our coaches should be aware of?

Yes       No      If Yes, please specify: \_\_\_\_\_  
 \_\_\_\_\_

### Parent/Guardian Details

Parent / Guardian Name(s): \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Mobile No: (To be used for notification of fixtures / training):** \_\_\_\_\_



## 2017 Membership Form

**Please Read and Tick (✓) 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 also 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 also 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 Club send in the promotion of club activities and events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership Fee Included: YES  NO  Amount € \_\_\_\_\_

**NOTE:**

A BIRTH OR BAPTISMAL CERT IS REQUIRED FOR EACH CHILD APPLYING FOR MEMBERSHIP FOR THE FIRST TIME.

**GO hOIFIGIÚIL (office use only)**

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

Trainer: \_\_\_\_\_ Amount (€): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Details Entered**

Registrar: \_\_\_\_\_ YES  NO  Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_