

# Sean McDermotts Gaelic Football Club

# 2014

Croke Park Membership Number

<b>Players Name:</b>	<b>Date of Birth:</b>
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**Home Address:**

**Postcode:**

**Current School:**

I apply for membership of Sean McDermotts GFC and the Gaelic Athletic Association for my child. I agree to further the aims and objectives of the Club/GAA and abide by the 'Code of Behaviour', as set down in the Code of Best Practice in Youth Sport.

Does the child named above have a medical condition requiring medical treatment or medication that Mentors should be aware of?	Yes / No
Does the child named above have any allergies Mentors should be aware of?	Yes / No
<u>Please give details of any medical conditions / treatments or allergies to medications:</u>	
Does the child named above have any previous sports injuries, operations or treatments Mentors should be aware of?	Yes /No
<u>If Yes, please give details:</u>	

**Parent/Guardian**

- I consent to the above application; I understand that my child's details will be entered onto the GAA Membership database in accordance with Rule 2.2. Details of name, birth and address will be held and will be used by the GAA for the purpose of administration only.
- **No details will be disclosed to any third party.**
- I acknowledge receipt of the 'Code of Behaviour', as set down in the Code of Best Practice in Youth Sport. I will speak to my child about this.
- In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by Mentor/first aider. If I cannot be contacted, I agree, where deemed necessary, for my child to be brought to hospital for emergency treatment.
- I understand that the Club may at times photograph or record images of my child during club activities for the purpose of the Clubs and/or GAA websites, Club publicity and/or use within the media. I confirm that I have no objection to this.

**Signed**.....**Date** .....

**Name** ..... **Please print**

**Parent/Guardian Contact Details - for communication and emergency contact purposes.**

1.) Name ..... Relationship .....

**Mobile Number** ..... **Home Number** .....

2.) Name ..... Relationship .....

**Mobile Number** ..... **Home Number** .....

Please send Group Texts to Contact 1

Please send Group Texts to Contact 2

**Parental Email – Please print**