



GARDA WESTMANSTOWN GAELS GAA CLUB

www.gardawestmanstowngaels.com

MEMBERSHIP FORM 2018

Name Player/Adult 1: _____ **Name Player/Adult 2:** _____

Name Player/Adult 3: _____ **Name Player/Adult 4:** _____

Please indicate if a Child (C) or Adult (A) membership is being applied for.

Rates for 2018 are as follows: Nursery €70 ;

1st Juvenile €130; 2nd and subsequent juveniles €100; Minor €130 (Note: Juvenile /Minor rates include €20 towards ref fees)

Family membership capped €350 (includes Students or Adult Non Players but not Adult players)

Adult players €150; Student/Unemployed player €100; Adult (Non player) €80; Social € 20 (no voting rights/ticket applications)

Address: _____

Date of Birth: 1) _____ 2) _____

(N/A for Adults) 3) _____ 4) _____

Team Mentor: _____

School: _____

Parent/Guardian: _____

Contact telephone Number(s): _____

Email Address: _____

I/we agree to the club terms of membership and to the club code of conduct. I/we undertake not to bring the club or the GAA into disrepute. I/we understand that all members must wear gum shields for both training and matches. I /we understand that all members must wear the appropriate gear. I/we understand that the club may from time to time, use photographs of players within the context of club activities for public viewing on a variety of media and that any parent who wishes for their child's image not to be utilised in this way must notify the club / child protection officer of this. I understand that if such a request is not received the club will presume full permission has been agreed. (As always normal child protection protocols will apply in any and all such publicity).

Signed Player/Adult 1: _____ **Signed Player/Adult 2:** _____

Signed Player/Adult 3: _____ **Signed Player/Adult 4 :** _____

Signed Parent/Guardian: _____

Signed: (Club Officer) _____

Official Use:

The sum of € _____ was received and paid in cash/by cheque.(Please make cheques payable to Garda GAA Club)

The fee received is in respect of _____ juveniles, _____ Adult members, _____ Committee member/mentors

Stay Active – Have Fun – Play Gaelic

Garda Westmanstown Gaels GAA Club, Garda GAA Grounds, Westmanstown Sports Complex, Westmanstown, Dublin 15



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GIVE RESPECT – GET RESPECT

Code of behaviour for members

Players Should Always:

Play Fairly, do their best and enjoy themselves

Respect fellow team members regardless of ability, cultural or ethnic origin, gender, sexual orientation or religious beliefs

Support fellow team members regardless of whether they do well or not

Represent their team, their club and their family with pride and dignity

Respect all coaches, Referee's and officials and their decisions

Be gracious in defeat and modest in victory

Parents/Guardians Should Always:

Respect referee's/officials decisions and encourage children to do likewise

Never admonish your own child or any other child for their standard of play

Show approval for effort, not just results

Never embarrass a child or use sarcastic remarks towards a player

Applaud good play from all teams

Signed Player/Adult 1: _____

Signed Player/Adult 2: _____

Signed Player/Adult 3: _____

Signed Player/Adult 4: _____

Signed Parent/Guardian: _____

Date: _____

BE THE BEST YOU CAN BE

MEDICAL CONSENT

Name Player 1: _____ Name Player 2: _____

Name Player 3: _____ Name Player 4: _____

School: _____

1. Does your child have any medical condition that our Coaches/Mentors should be made aware of?
Yes _____ No _____ If YES Please specify _____

2. Does your child have any allergies that our Coaches/Mentors should be made aware of?
Yes _____ No _____ If YES Please specify _____

3. Does he/she take any medication?
Yes _____ No _____ If YES Please specify _____

I give permission for my child to be brought to hospital if necessary YES ____ NO ____ . Should it be deemed that due to medical considerations, that my child would require constant supervision, it shall be my responsibility to provide qualified adult cover.

Signed: _____ Date: _____

Home address: _____

Contact Tel No's: Primary _____ Secondary: _____
(Contact name of person if different from primary)

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