

St. Maur's Player Registration Form 2019

Player Name:

Player DOB: Month Day Year

Gender M/F:

Health: Please state if your child has been diagonised with any specific illness we should or need to be made aware of:

Is your child taking any form of medication: Y/N

Parent / Guardian information

Full Name:

Full Address:

Mobile No.:

Home No.:

E-Mail:

St Maurs GAA will need to contact you in relation to club events using email and /or Phone
If you do not wish to be contacted by the club please tick this box
Please be aware however that by electing not to be contacted you may miss out on club information.

All players registering with St Maurs must abide by the club code of conduct