

Crossmolina Deel Rovers

C.L.G. Chrois Mhaoilíona, 2017



DEELROVERS CROSSMOLINA JUVENILE MEMBERSHIP APPLICATION FORM

FULL NAME OF CHILD: _____

DATE OF BIRTH: _____

ADDRESS: _____

SCHOOL: _____

PARENT'S NAME: _____

HOME/MOBILE TEL. NUMBER: _____

PARENT'S EMAIL: _____

PARENTAL/GUARDIAN CONSENT TO BE COMPLETED FOR ALL JUVENILE MEMBERS.

Our Club promotes the Code of Best Practice and Code of Behaviour and insists that all players, mentors, coaches, parents & guardians adhere to these codes and abide by our Association's rules.

I confirm, that as a Parent/Guardian of my child I give permission for him/her to participate in Club games and other related activities. YES NO

Parents Signature: _____

PLEASE PROVIDE DETAILS OF ANY MEDICAL CONCERNS INCLUDING ALLERGIES OR MEDICATION RELATING TO YOUR CHILD SHOULD YOUR CHILD'S MEDICAL NEEDS CHANGES DURING THE YEAR YOU ARE OBLIGED TO INFORM THE TEAM MENTOR
