



INNISCARRA GAA

CUMANN IOMAINIOCHTA AGUS PEIL INISCARTHA

MEMBERSHIP FORM

NAME:			
DATE OF BIRTH:			
ADDRESS:			
MOBILE: <small>(U18 - Parent/guardian no.)</small>		Add to club text message group	Y <input type="checkbox"/> N <input type="checkbox"/>
EMAIL: <small>(U18 - Parent/guardian email)</small>		Receive club newsletter	Y <input type="checkbox"/> N <input type="checkbox"/>

EMERGENCY CONTACT DETAILS

NAME:			
MOBILE:			
RELATIONSHIP:			

MEDICAL INFORMATION (details of any known allergies, conditions, medications)

Relevant coaches should also be made aware of players who have medical, dietary or other conditions that might interfere with their ability to safely play gaelic games.

I hereby apply for Membership of the above Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association). I agree to abide by the rules of the association and the Code of Behaviour (*available on club website*), and I attach herewith the appropriate membership fee as determined by the above Club. I understand and accept that Inniscarra GAA may take photos during or at sporting events and may publish these from time to time.

SIGNATURE

JUVENILE MEMBERSHIP		ADULT MEMBERSHIP	
(PARENT/GUARDIAN to sign)		(i.e. OVER 18)	
SIGNATURE:		SIGNATURE:	
PRINT NAME:		PRINT NAME:	
DATE:		DATE:	

FOR OFFICE USE ONLY

MEMBERSHIP APPROVED BY CLUB EXECUTIVE ON DATE	
RECEIPT NUMBER	
SINITHE CLUB RUNAÍ	
REGISTERED IN CENTRAL MEMBERSHIP DATABASE ON	
MEMBERSHIP IDENTIFICATION NUMBER	

Upon election, your membership details will be entered on the GAA membership database in accordance with rule 2.2. This information will be used by the GAA for the purpose of administration only.