



Cumann Lúthchleas Gael Family Membership Application Form



Adult Name: _____ Mobile: _____

Adult Name: _____ Mobile: _____

Juvenile Name: _____ Date of Birth: _____

Juvenile Name: _____ Date of Birth: _____

Juvenile Name: _____ Date of Birth: _____

Juvenile Name: _____ Date of Birth: _____

Juvenile Name: _____ Date of Birth: _____

Juvenile Name: _____ Date of Birth: _____

Block Capitals

DD/MM/YYYY

(Academy/Nursery Age Group 4-6 years Must be 4 on 1st January 2018)

(All Juvenile Players must also fill out the Juvenile Membership Application Form)

Address: _____ / _____

Street or Townland

Town or Village

Email Address: _____

(Mobile No and Email may be used to receive club updates and newsletter)

I hereby apply to **The Committee of The Downs GAA Club** for Membership of the Club and Youth Membership of Cumann Lúthchleas Gael (The Gaelic Athletic Association).

I subscribe to and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association), and to abide by its rules, and I attach herewith the appropriate membership fee as determined by the above Club.

I agree to allow the above named children participate in organised coaching sessions and games supervised by The Downs GAA Club. I consent to the above Application and to undertakings given by the Applicant.

Code of Behaviour: The Downs GAA club adheres to the GAA code of behaviour regards practices and conduct required from Players, Coaches, Mentors, Supporters, Parents/Guardians, Referees and Clubs. Copies of this code are available from underage officials if requested or online at GAA.com

Photograph Policy: In accordance with the Code of Ethics and Good Practice in children's sport The Downs GAA Club wishes to advise parents that photos may be taken of your child during training/games. The photos may be then used in the marketing and promotion of The Downs GAA Club in compliance with the code of ethics guidelines.

First Aid: The undersigned parent or guardian hereby gives permission for The Downs GAA Club to authorize / administers first aid or medical treatment as may be deemed necessary for the minor[s] named above while participating in club activities

Signed _____ (Parent/Guardian) Date: _____

Print Name: _____

For Use by The Downs GAA Club Only

Family: € 50

Received By: _____ Date: _____

Youth Membership Application approved by Club Executive on _____

Síniú: _____ Club Runai