



**Cumann Lúthchleas Gael**  
**Juvenile Membership Application Form**



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Block Capitals DD/MM/YYYY

Address: \_\_\_\_\_ / \_\_\_\_\_  
Street or Townland Town or Village

School: \_\_\_\_\_ / \_\_\_\_\_  
National School attended Secondary School attended

*( Academy/Nursery Age Group 4-6 years must be 4 on 1<sup>st</sup> January 2018 )*

Parent/Guardian Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Mobile No and Email may be used to receive club updates and newsletter)

**Please indicate if above named playing member is on medication or suffers from any medical condition:**

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

Condition: \_\_\_\_\_ Medication: \_\_\_\_\_

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 / administer 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**

Juvenile: €  Tick here if included with Family Membership

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Membership Application approved by Club Executive on \_\_\_\_\_

Sínte: \_\_\_\_\_ Club Runai \_\_\_\_\_