



## Membership Form

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Player		
	Name	Surname
Name		
Date Of Birth		
School		
Medical		

Contact Number for Training/Matches (Parent/Guardian)	

**Subscriptions**

- € 30 - Juvenile 5 – 9 years
- € 40 – Juvenile 10 -18 years
- € 40 – 3<sup>rd</sup> Level Student
- € 40 – Non Player
- € 100 - Adult Player
- € 20 - Senior Member
- € 90 - Family (2 + 2)  
€10 for each additional child  
(non-playing parents)
- € 20 - Social Member



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<https://twitter.com/CobhGAA15>  
 @CobhGaa15

[www.cobhgae.com](http://www.cobhgae.com)

Parent/Guardian		
	Name	Surname
Name		
Contact Number		
Contact e-mail		
Address		
Parent/Guardian		
	Name	Surname
Name		
Contact Number		
Contact e-mail		
Address		



# Membership Form

Please Read and Tick (✓) as appropriate.

I/We hereby apply for Membership of Cobh GAA Club and of Cumann Lúthchleas Gael (The Gaelic Athletic Association)	
I/We have read the Code of Conduct of Cobh GAA Club and undertake to further the aims and objectives of the Club and of Cumann Lúthchleas Gael and to abide by its Rules and Code of Conduct.	
I/We give approval for the above named child(ren) to travel on any organised transport by the club, to matches, training or any other organised Club Events.	
I/We give permission for any photo(s) taken of the above named child(ren) to be used in Club Publications, Club Social Media, Club Website and Local Press.	
I/We wish to be included in club texts/emails which Cobh GAA Club send in the promotion of club activities and events	
I/We understand that the personal data on this form will be used by the Cobh GAA Club for the purpose of registering/re-registering and maintaining mine/my child's membership. I/We understand that the personal data will be retained by Cobh GAA Club for such period as my membership exists. I/We understand that if I/We do not supply the correct personal data that membership will not be granted and I/We will not be registered with Cobh GAA Club.	
I/we are aware that the inappropriate use of Mobile Phone s is prohibited on Cobh GAA grounds.	
I/we are willing to volunteer and help with club activities – training/fundraising/maintenance.	
<p>Parent/Guardian Signature: _____ Date: ____ / ____ / ____</p>	

Membership Fee Included :	YES / NO	Amount € _____
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**NOTE : A birth or baptismal certificate is require for each child applying for membership for the first time.**

**GAA Injury Benefit Fund:** All sports carry the risk of injury. Part of the yearly membership subscription is paid towards the GAA Injury Benefit Fund. The GAA Injury Benefit Fund is **NOT** insurance. The injury fund does not seek to fully compensate but to supplement other covers such as Private Health Insurance, National Health Insurance, Personal Accident Cover etc..... Willis are the appointed administrators of the fund and they administer the fund on behalf of the GAA. ALL injuries to players must be brought to the attention of their manager/coach and to the referee if it occurs during a match. Players and members are requested to use Public Hospitals where possible. Any visits to the VHI or other special clinics will be at the players own expense unless covered by their own insurance.

Cobh GAA Club would strongly encourage all parents to take out School Pupil Insurance for their child(ren) as this is good 24/7/365 cover for a very good price(approx €10 per year depending on cover) see [www.allianz.ie/schools/pupil-personal-accident](http://www.allianz.ie/schools/pupil-personal-accident)

**GO hOIFIGIÚIL (office use only)**

D.O.B. VERIFIED: YES  NO  MEMBERSHIP PAID: YES  NO

Trainer: \_\_\_\_\_ Amount (€): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registrar: \_\_\_\_\_ YES  NO  Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Details Entered**