



Cumann Lúthchleas Gael Naomh Micheál

St. Michaels GAA Club

Underage Membership Application



Please complete in BLOCK CAPITALS

English:	Gaeilge:	Date of Birth
Child 1 Name: _____	_____	____/____/____
Child 2 Name: _____	_____	____/____/____
Child 3 Name: _____	_____	____/____/____
Child 4 Name: _____	_____	____/____/____

Father / Guardian: _____	Mobile No: _____	<input type="checkbox"/>
Mother / Guardian: _____	Mobile No: _____	<input type="checkbox"/>
E-Mail Address _____		
Group texting is used to notify parents of match / training times, club events ,etc. Please tick the number to be used above.		

Address: _____

School: _____	Previous Club (if any): _____
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MEMBERSHIP FEES: Nursery: €25, Underage up to & including minor: €40, maximum of €100 for 3 or more players per family	Official use only € _____ Received
	Date: ____/____/____

Please use this box to inform the Club of any special needs or medical history your children may have (i.e. details of any known allergies, conditions or medications).

Parents/Guardians are obliged to disclose any information regarding medication which may impact on their child's welfare or behaviour while participating in our sports:

In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication. **Please tick the relevant box:**

Yes:

No:

Photographs may be taken during or at club related activities which may include your child and may subsequently be used in the promotion of our games on our website, **please tick the relevant box.**

Yes:

No:

I have read and accept the rules and procedures as set down in the Code of Best Practice in Youth Sport, Our Games Our Code (available onwww.stmichaelsgfc.net)

Signature of Parent / Guardian: _____ Date: ____/____/____

