Gaeil Roscomáin

Roscommon Gaels GAA Club

Gaeil Roscomáin Youth Membership Application

H-Hurling, **F** Football
C-Camogie

***** (Please complete the form in PRINT format / BLOCK CAPITALS) *****

Childs Name:______________________ DOB:__________ M/F:____ H ☐ F ☐ C ☐

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Childs Name:______________________ DOB:__________ M/F:____ H ☐ F ☐ C ☐

Parent/Guardian Name:____

Address: ____

Email Address:

Telephone (H)____________ Mobile: (1) ____________________(2)____________________

- **How do you wish to receive club communications? Text** ☐ **Email** ☐ **Post** ☐
- **Medical History Information:** (details of any known allergies, conditions, medications)

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- Any other special needs, requirements/directions that would be helpful for leaders to know about:

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Illness/Injury: In the event of illness, having parental responsibility, 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.

Photographs: I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport/club activities.

Text Messages: I understand that text messages maybe used to inform members of activities.I hereby apply to: ROSCOMMON GAELS GAA Club for Membership of the above Club and Youth Membership. I subscribe to and undertake to further the aims and objectives of the Club and Cumann Luthchleas Gael , and to abide by the its Rules, and I attach herewith the appropriate membership fee as determined by the above Club.

Membership type: Juvenile: €65 ☐ **One Juvenile Family: €85** ☐ **(Parents/Guardian + 1 child U18)**

Family: €135 ☐ **(Parents/Guardian + 2 children U18)** **Family: €155** ☐ **(Parents/Guardian + 3 children U18)**

Family membership i.e. figure to cover both parents/guardians as Full Members and the children **U18,** listed above, in the family as Youth Members. **Children over 18 must pay the appropriate rate.**

I hereby consent to the above child(ren) participating in activities of the organisation in line with the Code of Ethics for Young People. I confirm that all details above are correct and I am able to give parental consent for my child/ren to participate in and travel to all activities.

Parental/ Guardian Consent: ______________________________

Children's Officer(s): Máire Allen: 086 8171698 , Peter Mullen: 086 8577430 **Designated Person**: Joanna O'Reilly 0873204720