



Ardrahan GAA Juvenile Club 201 - Juvenile Member Application Form

To be completed and returned to your team manager with your membership fees please

Child Details

Name Date of Birth

Address

.....

Home Phone Mobile

Emergency contact name/number



Email.....

(make sure to include your email address here – email addresses are for club correspondence only and will not be shared with any other organization)

Team Manager

School

Child's relevant medical condition or relevant medication information:

I accept & understand the GAA Code of Behaviour, on my own behalf and on behalf of my child:

Signature(s) of Parent(s) / Legal Guardian(s)

Signature: _____

Date: ____ / ____ / 20____

Information on team training, games and club news will be sent to you via group text. Such information is sent to the parents/guardians of under age players. Please fill in below the contact number we may use to contact your child:

.....

Teams may be photographed or filmed for coaching purposes or as part of match coverage in papers or for use on the club website or Facebook page. Such photos will adhere to the GAA guidelines for use of photos or filming. If you have any objection to your child being photographed or filmed please notify your team manager as part of the registration process.

Complete both sides of the form.



Ardrahan GAA Juvenile Club 201 – Juvenile Parental Consent Form

**Please complete in full and return to your child’s team manager or the club’s Children’s Officer .
Completion of this form is essential so as to enable you child participate in all GAA games, training
and other activities in the club.**

I wish to inform you that as a parent/guardian of my child, I give permission for

------(child’s name) to participate in

------(name of club) games and other related activities.

Child Details

Name

Address

.....

Home Phone Date of birth:.....

Emergency contact name/number

Please state if your child has been diagnosed with any specific illnesses, conditions, allergies or disabilities which we should be aware of (asthma, diabetes, epilepsy, specific allergies to foods or drinks):

.....
.....
.....

Is your child currently taking any form of medication?: Yes No

If yes, please give details:.....

Does your child need to be in possession or need to be able to administer medication while participating in GAA games or other activities? Yes No

Can your child administer this medication without assistance? Yes No

Signature(s) of Parent(s) / Legal Guardian(s)

Signature: _____

Date: ____ / ____ / 20 ____

Complete both sides of the form.