



Foirm Ógbhallraíochta Cumann Luthchleas Gael, Mainistir na Corann Midleton Juvenile Membership Application Form 2017

Juvenile Members /Ógbhail
Please use **BLOCK LETTERS** for this section/ Ceannlitreacha led'thoil

Sonraí Ballraíochta/ Juvenile Membership Details

*Sloinne /Surname _____ *Ainm/Name _____ *DOB ___/___/___

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*Sloinne /Surname _____ *Ainm/Name _____ *DOB ___/___/___

*Seoladh/ Home Address _____

*Fón/ Phone Number _____ *Email Address/ R.phost _____

*Tuismitheoir/Parent/Guardian Name _____ *Fón/Contact No _____

*Tuismitheoir/Parent/Guardian Name _____ *Fón/Contact No _____

(Síniú amháin ag teastáil. *One parent and/or Guardian signature required*)

Cúrsaí Leighis/Child/Children's Relevant Medical Condition or Information

1. Aon Bhreiteacht/ Has any of your children been diagnosed, by a doctor, with any specific illness, conditions, allergies or disabilities of which the club should be aware (asthma, ADHD, diabetes etc **YES/NO**)

2. Oideas á thógaint / Are any of your children currently taking medication, which the club should be aware of? **YES/NO**

3. An gcaithfidh siad leigheas a thógaint le linn imeachtaí/ Do any of your children need to be in possession of or need to be able to administer medication while participating in GAA Games? **YES/NO**

*If you have answered **YES** to any of the above questions, please provide details on a separate sheet and provide a copy of this sheet to your child's team manager and/or Child Welfare Officer. Más sea d'aon cheist cuir eolas ar fáil dúinn.*

As Parents/Guardians/ Tuismitheoirí/ Caomhnóirí

I/We have explained the 'Players code of conduct' to my child/children

I/We give permission to bring my child/children to hospital or to a doctor in case of emergency. Cost of visit to hospital or doctor is not covered by club.

I/We give permission for my child to be photographed for the purpose of promoting the club in print/electronic media

I/We understand that we must declare any relevant medical conditions or diagnosis pertaining to our child to team coach and/or Child Welfare Officer

I/We understand that my child must wear his helmet at all times when on club grounds

Tuigimid an cód iompair, polasaithe eigeandala agus leighis agus phléamar lenár bpáiste é.

Juvenile Members Continued

I/We understand that Mouthguards must be worn for all football games, including warm ups and training as per GAA rule. Failure to do so will invalidate any insurance claims and the club will not cover any expense accruing from such injuries if the player was not wearing a gum shield.

Glacaimíd le rialacha go léir an chlub.

*Parent/Guardian's Signature / Síniú _____ *Date/Dáta ____/____/____

*Parent/Guardian's Signature / Síniú _____ *Date/Dáta ____/____/____
(One parent and/or Guardian signature required)

Imreoirí /As Players

I have been explained the players code by my parents

*Síniú/ Players Signature _____ *Date/Dáta ____/____/____

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*Síniú/Players Signature _____ *Date/Dáta ____/____/____

*Síniú/Players Signature _____ *Date/Dáta ____/____/____

Imirt le aois eile / Playing Up Policy

As Parent/Guardian to the Juvenile Members names on this application I give permission for them to train or play with the age group immediately above their own.

* Síniú/Parent/Guardian's Signature _____ *Date/Dáta ____/____/____

Traenálaíthe / As Coaches

I together with my fellow coaches agree to abide by the Coaches Code of Conduct as outlined in the Code of Behaviour when managing the Clubs teams.

* Síniú /Team Coach Signature _____ *Date/Dáta ____/____/____

Are you available to help out/ An bhfuil tú sásta cabhrú?

During the year the Club runs regular coffee mornings and host home blitzes and visiting teams, together with St. Patrick's Day Celebrations, Juvenile socials etc. Would you be willing to help out? **YES/NO**

*Contact Name/Ainm _____ * Fón/Telephone Number: _____

An nglacfaí nó an nglacfaidh do phaiste páirt i Scór na nÓg / Would your Child be interested in representing the Club in Scór na nÓg?

Midleton GAA Club actively seeks entries to represent the Club in Scór na nÓg. Would your child be interested in taking part in Figure Dancing, History Presentation, Solo Singing, Playing of instruments, Recitation, Set Dancing, Table Quiz's etc? **YES/NO**

*Ainm pháiste/Childs Name _____ *Fón / Parents/Guardians Contact Number _____

Injury Scheme/ Scém gortuithe

- All players must have **FULL** membership paid to avail of injury payments/assistance scheme.
- Please check the Club Membership section of the website to check your specific Insurance Information. (See <http://www.midletongaa.com/membership>)

Táillí / Membership Rates

Players from Fé7 to Fé16

Duine/1st Child €70.00

Beirt/2nd Child €50.00

Triúr/3rd Child €40.00

Membership /Ballraíocht

- This membership form is to be used for new and renewal applications. / Foirm iarratais & athnuachan é seo.
- All membership applications and renewals are accepted subject to the rules of the Club Constitution. The club adheres to a Code of Behaviour, (<http://www.midletongaa.com/membership>) and as such, all players, parents and mentors, in applying for membership, agree to uphold the Code. In the event of an application not being accepted, any payments made will be refunded. / Glacaimid le rialacha go léir an chlub.
- All information supplied in this membership form is collected and used for membership registration, managing teams, club activities and fundraising. The information provided will be kept safe and secure and stored centrally in the Club. It is used only for the purposes of informing members of information pertaining directly to the Club. As signed by player/member/parent you have selected to 'opt-in' for receiving such information. This information will not be shared with any third party. / Tabharfar aire chuí don eolas seo.

For Membership Officer & Treasurers Use Only/Oifigigh amháin

Receipt Book Number/ Leabhar adhmhála	
Receipt Number Uimhir adhmhála	
Date/Dáta	
Total Membership Received/Iomlán glactha	

Registrar Midleton Juvenile GAA Club, born 2001 and younger/ Cláraitheoir amháin

Membership Number(s)/ Uimh B.	
Date Registered on System/Dáta	